



NEW MEXICO HIGHLANDS UNIVERSITY[®]

Student Authorization to Release Education Records (FERPA)

The Family Educational Rights and Privacy Act (FERPA), provides eligible students certain rights with respect to their education records, including the right to provide written consent before Highlands University discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without a student's consent.* A student may grant permission for the student's education records, and the personally identifiable information in those records, to be provided to a third party by completing this consent form. This release may not be used for the purpose of releasing a student's medical and/or psychiatric records.

Student Name (Print) NMHU Student ID # Daytime Telephone

Student Email address Academic Year 20__/20__ or Until revoked by me in writing

I _____ grant permission to New Mexico Highlands University to release all education records that the university maintains concerning me which include, but are not limited to, dual credit/concurrent enrollment, academic standing, academic advising, course work, assignments, tuition & student account information, financial aid information, residency information, housing information, athletics and all forms of athletic participation and FERPA authorized disciplinary information for the purpose of: _____.

I _____ grant permission to New Mexico Highlands University to release the following specific education records that the university maintains concerning me for the purpose of (fill out in box below):

I authorize representatives of Highlands University to discuss the following personally identifiable information from my education records: _____
for the purpose of (fill out in box below):

Release to Recipient: I authorize release of the education records/information listed above to the following person(s) or entity/entities:

Full Name (Print) Address City, State, Zip Phone

Full Name (Print) Address City, State, Zip Phone

- This authorization is valid on a one-time basis only. Future requests will require submission of a newly completed authorization.
- I understand that I can revoke or amend this authorization at any time, in a written, signed and dated statement by me and delivered to the Office of the Registrar.

Student Signature Date

Must be presented with a valid ID to the Office of the Registrar
Felix Martinez Building Room 120
Las Vegas, NM 87701
505.454.3455

*Disclaimer: FERPA permits the disclosure of personally identifiable information from a student's education record, without the consent of the student, if the disclosure meets certain conditions found in 34 CFR § 99.31 including, but not limited to, disclosure to other university officials within NMHU that have legitimate educational interests; to a parent/guardian of an eligible student if the student is a dependent student, as defined in section 152 of the Internal Revenue Code of 1986; to comply with a court order or lawfully issued subpoena; and to appropriate officials in connection with a health or safety emergency.