

Student Last Name:	
Student First Name	:
Student AU ID #:	

2025-2026 FERPA Authorization

To One-Stop Student Services Cer	nter,
I,	(student's first & last name), hereby authorize the One-Stop
Student Services Center to speak v	with:
Person's name #1:	Relationship to student:
Person's name #2:	Relationship to student:
Person's name #3:	Relationship to student:
Regarding all information directly re	elated to my account as it pertains to the One-Stop Student Services Center,
including but not limited to aid eligil	bility, billing, payments, tuition, fees, etc. This <u>excludes</u> academic information,
such as GPA, scholarship cancella	tion/renewal, etc.
I acknowledge that I may submit a	subsequent notification in writing directly to the One-Stop Student Services
Center to no longer release informa	ation to any or all of the individuals listed above.
Thank you,	
Student signature:	Date of completion:
Parent name (Print):	Parent signature:
(If student is dependent)	