



SOKA UNIVERSITY OF AMERICA REQUEST FOR STUDENT RECORDS RELEASE

TO THE STUDENT: We cannot release any non-directory information to a third party without your written permission, unless we are legally required to do so. If you want to authorize the release of information to a third party, please complete the information below. Complete one form for each person who is to have access to your records.

I, _____
(print name)

SUA ID# _____

Request information to be released to:

Name: _____
(print) relationship to student

Address _____

Phone Number: _____ Fax #: _____

E-mail: _____

I request the following information to be released:

- To have access to and receive information *ONLY* about my student educational records maintained in the Registrar’s Office or other offices at Soka University of America not related to student financial account information. This includes but is not limited to grades, schedule, disciplinary actions etc.
- To have access to and receive information *ONLY* regarding my educational records regarding student financial account details. Student account information includes details about my fees owed, financial aid disbursed, refunds issued, and other financial-related information
- To have access to and receive information on *ALL* of my educational records.

Student Signature : _____ Date: _____

NOTE: *This release will remain in effect until you formally rescind it.*

Please submit form to the Registrar’s Office.