



Alabama A&M University

Authorization to Release

AUTHORIZATION TO DISCLOSE ACADEMIC-FINANCIAL-DISCIPLINARY

Student's Name: _____

Student's Banner#: _____

.....

I, _____, authorize Alabama A&M University to disclose any and all information from my records to:

_____, _____
(Relationship)

_____, _____
(Relationship)

Student's Signature

Date

The completed form must be returned to the AAMU Office of the Registrar located in 204 Patton Hall by the student with a pictured ID. Please Note: The Office of the Registrar will "ONLY" honor information requests that are made in person with a picture ID by the person/s listed above by the student.