



Office of the Registrar  
Meisler Hall, Suite 1100  
390 Student Center Circle  
Mobile, AL 36688  
Phone: (251) 460-6251  
Fax: (251) 460-6123  
Email: records@southalabama.edu

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## AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

I hereby authorize the University of South Alabama and its employees to discuss with  
and/or release to \_\_\_\_\_ the education  
records identified below and pertaining to me:

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Education Records: \_\_\_\_\_  
\_\_\_\_\_

I understand that this authorization must be completed by me and presented with each request for release of education records and that I have the right to request a copy of the records released. I also understand that I have the right not to consent to the release of these records. I further understand that I have the right to revoke this authorization, in writing and delivered to the University, but that any such revocation will not affect disclosures made prior to its receipt by the University.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date