

Semester: Fall Spring Summer

Year: 20_____

Norwich University

FERPA - Authorization of Grade Disclosure

Request to Share my Semester Academic Grades

I hereby authorize Norwich University of Vermont to release my semester/term grades, both midterm and final, for the _____ semester/term, to my parent(s) or other named individuals or entities.

Name(s) or Entity

Name(s) or Entity

Address

Address

City, State, Zip

City, State, Zip

This request is for only the stated semester or term

Print Student Name: _____

Student ID Number: A00_____ NU mailbox number: _____

Student phone number at school: _____ NU email: _____

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the person/entity specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Processed by: Initials

I have read and understand the request that I am signing.

Signature

Date

