



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

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