



CONSENT FOR ACCESS TO EDUCATION RECORDS OR PROXY
ARIZONA STATE UNIVERSITY
UNIVERSITY REGISTRAR'S OFFICE

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|---|-------------------------|----------------|
| Name of Student (Last, First, Middle Initial): _____ | ASU ID Number: _____ | Date: _____ |
|---|-------------------------|----------------|

CONSENT FOR ACCESS TO EDUCATIONAL RECORDS

Access to educational records does not give permission to make changes to the student's record. For permission to make changes to a student's record see the Proxy: To Request Processing Of Transactions section below.

Check One:

- One Time Use:** This authorization can be used only once.
 For One Time Use, Follow the Steps Below:
1. The student must complete this form, checking the One Time Use box above.
 2. Then the student must provide the person they have chosen to give access to their records with this form.
 3. The person requesting access to the student's records must present this form along with their own photo ID at the time they request the information.
- Limited Use:** This authorization expires on: _____
- Long Term Use:** This authorization will remain continuously in effect until I withdraw this authorization in writing.
 For Limited or Long Term Use, Follow the Steps Below:
1. The student must complete this form, checking either the Limited Use box and stating an expiration date, or the Long Term Use box above.
 2. The student must then submit the completed form to the Records Information Office in the Student Services Building room 144, Registration and Records Services in the University Center Building room 120, Registration Services in the Student Services Quad room 350 or Enrollment Services in the University Center Building, Suite 166; or mail it to University Registrar, Records Information, Arizona State University, PO Box 870312, Tempe, AZ 85287-0312; or fax it to (480) 965-7722.

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|--|----------------------------------|
| _____ Student Signature | _____ Date |
| _____ Name of Individual to Whom Access to Records May be Provided (please print or type) | |
| _____ Address of Individual to Whom Access to Records May be Provided | _____ Relationship to Student |

PROXY: TO REQUEST PROCESSING OF TRANSACTIONS

Students unable to process transactions in person or using <http://my.asu.edu> may designate another person to process transactions on their behalf by proxy. In compliance with the federal Family Educational Rights and Privacy Act of 1974, also known as FERPA or the Buckley Amendment (synopsis available at <http://students.asu.edu/policies/ferpa.html>), the student must sign a release authorizing processing of transactions by proxy.

The student (not the proxy) has the ultimate responsibility for complying with applicable requirements, policies, and deadlines, and for the timely payment of tuition and fees.

I hereby authorize the person named below to serve as my proxy to process transactions at Arizona State University. My proxy may have access to any and all of my records that they request for the purpose of processing transactions. I understand that I am responsible for any decisions made by my proxy on my behalf. I also understand that I remain responsible for complying with all applicable requirements, policies, deadlines, and for the timely payment of tuition and fees, etc.

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|---|---------------|
| _____ Student Signature | _____ Date |
| _____ Name of Proxy (please print or type) | |
| _____ Proxy Signature | _____ Date |