



## SOKA UNIVERSITY OF AMERICA REQUEST FOR STUDENT RECORDS RELEASE

**TO THE STUDENT:** We cannot release any non-directory information to a third party without your written permission, unless we are legally required to do so. If you want to authorize the release of information to a third party, please complete the information below. Complete one form for each person who is to have access to your records.

I, \_\_\_\_\_  
(print name)

SUA ID# \_\_\_\_\_

Request information to be released to:

Name: \_\_\_\_\_  
(print) relationship to student

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I request the following information to be released:**

- To have access to and receive information *ONLY* about my student academic records maintained in the Registrar's Office or other offices at Soka University of America
- To have access to and receive any information *ONLY* regarding my student account details. Student account information includes details about my fees owed, financial aid disbursed, refunds issued, and other financial-related information
- To have access to and receive information about *BOTH* my academic records and student account details.

Student Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** *This release will remain in effect until you formally rescind it.*

Please submit form to the Registrar's Office.