**Release of Non-Directory Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herewith authorize Chowan University to release information concerning my academic progress that pertains to Chowan to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My presence \_\_ **is required** \_\_**is not** **required** when information is released to the above individual(s).

I understand that information concerning my academic progress includes, but is not limited to, my probation standing, my progress concerning agreements that I have made with my academic advisors, and other similar information. I also understand that this authorization for release of information will remain in effect until the expiration date noted below unless I personally request, in writing, that this authorization be invalidated prior to that date.

I also understand that official University certification of my academic record must be obtained from the Office of the Registrar (Columns Administration Building).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 Digit PIN

NOTE: PIN will be needed by the above individual(s) to verify their identity.

REVISED: 3/2/21