



907-474-6300
uaf-registrar@alaska.edu

907-474-7384
uaf-bursar@alaska.edu

907-474-7256
uaf-f nancialaid@alaska.edu

_____		_____		_____	
Last	First	Middle Initial	UA ID No.		

Mailing Address					

Phone No.					
_____		_____		_____	
City	State	Zip	Email Address		

- _____ *Includes tuit on and fee balances, f nancial holds, mailing and billing address, payment plans, account ng statements and collect ons and debt informat on.*
- Admission** *Includes dates of applicat on, programs selected, documents received, documents pending, dates of admission, admission status and condit ons of admission.*
- _____ *Includes current enrollment, dates of enrollment act vity, enrollment status, residency status, semesters at ended and mailing address informat on.*
- Academic** *Includes courses taken, grades received, GPA, academic progress, honors, transfer credit ad, disclosed to anyone other than the student.)* A
- _____
- _____

Check One:	Releasee:	Relat onship:
<input type="checkbox"/> Release To <input type="checkbox"/> Cancel	_____	_____
	Individual's Name	Relat onship to Student
<input type="checkbox"/> Release To <input type="checkbox"/> Cancel	_____	_____
	Individual's Name	Relat onship to Student
<input type="checkbox"/> Release To <input type="checkbox"/> Cancel	_____	_____
	Individual's Name	Relat onship to Student

_____	_____
Student Signature	Date

ID Type _____	Office use only	Verified By: _____	Date _____
---------------	-----------------	--------------------	------------

General Information