

## Permission for Third Party Access

Name: Last Name, First Name		Vanguard Student ID Number or Last 4 Digits of SSN	
Program			
Traditional Undergrad	School of Professional Studies	Graduate	TAP/CCC
I give permission for persons li	sted below, at any time, to	access my student recor	ds from the following departments:
Office of the Registrar	(Grades, GPA, Academic standing, etc) Includes all academic personnel.		
Financial Aid	(Loan documents, applications, etc.)		
Student Life	(Student disciplinary records, housing documents, etc.)		
Accounting Operations	(Billing, account information, etc.)		
Security	(Parking/Security Violations, etc)		
	Authorize	ed Persons	
Name: Last Name, First Name			Relationship
Name: Last Name, First Name			Relationship
Remarks/Comments			
Student's Signature			Date

This document does not alter the normal disbursement of information such as financial aid documents, etc. which are sent directly to the student. Furthermore, students may be informed when documents are requested from third parties listed herein. This form remains active as long as a student is enrolled in classes, unless revoked by the student which can be done at any time.

Vanguard University abides by the Family Educational Rights Privacy Act of 1974 which designates certain actions and policies designed to protect the privacy of students and their parents. The Act specifically governs access to student records maintained by the University, and the release of such information. The Act requires that student written consent is required before the release of certain personally-identifiable data about the student. For more information, please contact the Office of the Registrar.

This document may be revoked or modified in writing by the student at any time. Please submit this document to records@vanguard.edu

