

## STUDENT PERMISSION TO RELEASE ACADEMIC RECORDS

This form is intended for student use to authorize release of private student record information to a third party. Prior to submitting this form, please check to see if you can provide the information to a third party yourself, through access to your record at the Student Center in myNevadaState ([my.nevadastate.edu](http://my.nevadastate.edu)).

**THE STUDENT MUST SUBMIT THIS FORM WITH A VALID GOVERNMENT ISSUED ID**

NSHE ID:		Date of Birth (mm/dd/yy)	
Last Name:	First Name:	Middle:	Maiden/Previous Name
Email Address and/or Phone Number			

**1) I give \_\_\_\_\_ at Nevada State University permission to:**

release any available academic records that the college maintains (eg., grades, academic standing, academic advising, etc.)

\*Please indicate for what academic year (August to August) this applies: \_\_\_\_\_

release the following specific academic information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2) This request to release information is pursuant to the following purpose (please check all that apply):**

A job application/interview

Application to a college/university

Professional licensure

Insurance

Other (please specify): \_\_\_\_\_

**3) I authorize you to release the information in (1) above to the following person/organization:**

Last Name (print)/Organization:		First Name:		Middle:
Relationship to student:				
Address:		City:	State:	Zip Code:
Day-time Phone #:		Email Address:		

**4) Preferred method of delivery to person/organization**

Fax (specify number with area code): \_\_\_\_\_

Email (specify email address): \_\_\_\_\_

U.S. Mail (specify mailing address): \_\_\_\_\_

\_\_\_\_\_

**My required signature below indicates that I have read and understand the following:**

- I understand that this request is a one-time request only. If there is a hold on my record which prohibits release of information, this request will not be fulfilled. If the request cannot be fulfilled at the time it is submitted, a new request must be submitted.
- I understand that it is my responsibility to check for and clear any holds that prohibit release of information prior to submitting this request. Holds can be checked through the myNevadaState portal at [my.nevadastate.edu](http://my.nevadastate.edu).
- Requests will be reviewed and processed by the Office of the Registrar within five (5) business days of receipt, and will not be valid for future requests.
- I understand that I must complete a separate release form for each request.
- I understand that I will not be contacted when the above information is released to the designated recipient.
- This form is valid only for requesting the release of academic record information maintained by the Office of the Registrar. It is not intended for release of financial, health or other student records that reside on campus in deans offices, academic departments, etc.
- This form is **not valid** for requesting official transcripts. Visit <https://nevadastate.edu/registrar/transcripts-requests/> for transcript ordering information.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please submit this form by –

*Email:* [registrar@nevadastate.edu](mailto:registrar@nevadastate.edu)

*Fax:* (702) 992-2111

*In-Person:* 1202 Hightech Circle Henderson, NV 89002

*Physical Mail:*

Nevada State University  
Attn: Office of the Registrar  
1300 Nevada State Dr.  
Henderson, NV 89002