



Release of Academic Information
Family Educational Rights and Privacy Act (FERPA)
Office of the Registrar • 505-562-2175

www.enmu.edu

Student Information

Date: _____

I give _____ permission to receive information regarding my
_____ records for the sole purpose of _____.

I understand this is a one-time disclosure and no other information may be released.*

Student's name: _____ **ENMU ID:** _____
Last First Middle Initial

Student signature: _____

Parent/guardian signature (if student is under 18 years old) _____

Submit to: Office of the Registrar
ENMU Station 5
1500 S. Ave. K
Portales, NM 88130
Administration Building, Room 105

*The offices of Counseling and Career Services, Financial Aid and Health Services have their own specific release forms.