

**National Defense University  
Authorization to Release Education Records**

**Name of Student:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Class Year:** \_\_\_\_\_

**By signing this statement and enrolling in a course at the National Defense University, I acknowledge and agree that my education records, including copies of my transcripts and student evaluations, may be disclosed to my sending agency/branch of service for inclusion in official personnel records. No further release is authorized except by my express written consent.**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**This release will remain in effect until I rescind in writing to NDU.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 153; 5 U.S.C. 301

**PRINCIPAL PURPOSE:** The e i e able i di id al ide he ece a i f mai he Nai al Defe e U i e i f e llme i a ecific c llege, c e ll gam a d f he admi i a i e ce i g a cia ed ih he efficie c f he Nai al Defe e U i e i . The i f mai ill bec me a e ma e ec d f he Nai al Defe e U i e i .

**ROUTINE USES:** Da a ill be ed c m ile de da aba e , cla laceme , a i cal da a a d f he i e admi i a i e e .

**MANDATORY OR VOLUNTARY DISCLOSURE:** Fail e ide he e e ed i f mai ma e e e llme .