



National Defense University Authorization to Release Education Records

**Name of
Student:**

Suffix:

(Prefix -Mr./Ms/Dr.) (First Name)(Middle Initial)(Last Name)

(Jr. Sr.)

**Branch of
Service**

(Please Check One):

US
Army

US Air
Force
Civilian

US
Marines

US
Navy

US Coast
Guard

International Officer

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 without my expressed 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 purpose is to enable individuals to provide the necessary information to the National Defense University for enrollment in a specific college, course or program and for the administrative processing associated with the efficiency of the National Defense University. The information will become a permanent record of the National Defense University.

ROUTINE USES: Data will be used to compile student databases, class placements, statistical data and for other routine administrative purposes.