



## STUDENT CONSENT TO RELEASE EDUCATION RECORDS

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**Student's Name (please print)**

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**Student's ID Number**

**By filling out and signing this release form, I am giving AUP officials the right to speak to any person or persons providing the password designated below. Information about my educational records including my grades, attendance in classes, and more can be disclosed as a result.**

**Registrar's Office 5 boulevard de la Tour Maubourg 75007 Paris  
Tel +33(0)1 40 62 08 13**

**<https://www.aup.edu/academics/academic-career-resources/registrar-office>**