



THE AGA KHAN UNIVERSITY
STUDENT INFORMATION RELEASE FORM

Please print clearly in ink.

Student Information

Student's Name	Student ID Number
Telephone	Email
Programme of Study	Campus (Pakistan, Kenya, Tanzania, Uganda, UK)

Authorisation to Release

The University's *Confidentiality of Student Records Policy* states that "Aga Khan University is committed to taking every reasonable step to protect the confidentiality and privacy of the information contained in the records of students. Unless ... authorised by the student in writing, the Office of the Registrar will not normally disclose the confidential contents of student records to any party outside the University."

By completing and signing this form you are providing consent to the Office of the Registrar, Aga Khan University, to release the information / item listed or described below.

<input type="checkbox"/> Enrolment / registration information	<input type="checkbox"/> Diploma / degree parchment
<input type="checkbox"/> Academic results / grades / transcripts	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Address, telephone, email address	
<input type="checkbox"/> Financial assistance information	

Information may be released to:

Once As required by the requestor For the duration of my studies at AKU

Signature	Date
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