



Directory Information Release Form

American Sentinel University is aware of the confidential nature of students' records, both personal and academic. Pursuant to the Family Educational Rights and Privacy Acts, as amended, certain information about each student is deemed "Directory Information." American Sentinel University considers the data listed below as Directory Information:

- Name
- State or country of residence
- Email address
- Program
- Major field of study
- Grade level (undergraduate, graduate)
- Degrees and awards received

NOTE: American Sentinel University releases this information as a service to its students. If you don't authorize American Sentinel University of release any of the above information, sign this form and send it to American Sentinel University.

Signature: _____

This information will be released to anyone who requests it unless you sign to signify written notice. Following this notice, information will not be released without your written consent. We recognize your right of access to your own records.

I do NOT authorize American Sentinel University to release any of the above information.

Name (please print): _____

Signature: _____ Date: _____

Please make a copy for your records and **mail the original form to:**

American Sentinel College of Nursing & Health Sciences at Post University
Attn: Registrar Office
800 Country Club Road
Waterbury, CT 06723

Phone: 866.922.5690
Email: asc-registraroffice@post.edu