

Complete this form and return it either by fax or mail to the UAB Registrar's Office. No data will be disclosed until this completed form has been returned. A copy will be given to you for your records. The University of Alabama at Birmingham (UAB) agrees to provide the following student information: for the sole purpose of \_\_\_\_\_ In the course of performing this function for UAB, the above named person/company is acting as a legal agent ("school official") and is given access to the data only for the purpose specified above. The student information provided is confidential information. Therefore, I agree to the following: Not to release, share, sell or otherwise make available any information given to me by UAB for the above purpose unless required to do so by law. To return or destroy all data once I am finished with it (by shredding any physical documents and deleting electronic information). To keep confidential information where it may not be accessed by another person, whether in electronic or paper Failure to comply with the requirement not to release information, except for the sole purpose stated above, will result in cancellation of both this agreement and the eligibility of\_\_\_ to receive any student information from the University for a period of not less than five (5) years. In addition, I agree to indemnify and hold UAB harmless for any loss, cost, damage or expense suffered by the University as a direct result of my failure to comply with the requirement not to release information, except for the sole purpose stated above. I understand that the data released will exclude all unnecessary data and all data from students who have filed a privacy form with UAB. This information will not be available under any circumstances. By signing this document, I also accept responsibility for this data on behalf of (name of company).

LAST NAME (AGENT REP) FIRST NAME	LAST NAME (UNIVERSITY REP)FIRST NAME
DATE	DATE
SIGNATURE (AGENT REP)	SIGNATURE (UNIVERSITY REP)