



WARNER
SCHOOL OF EDUCATION
UNIVERSITY of ROCHESTER

PERSONAL INFORMATION RELEASE FORM

Submit completed form to the Warner Registrar's Office
U of R Warner School, Dewey Hall, R.C. Box 270425
Rochester, New York 14627-0425

Please Print or Type

PERSONAL INFORMATION

Name: _____
Last First Middle

UR ID# (or SSN):

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 Advisor: _____

Home Address: _____
Street Address & Apt. No. or P.O. Box City State Zip Code

Phone Number(s): () _____ () _____
Home Phone Work Phone

E-mail Address: _____

NOTICE:

Warner School will release, upon request, a student's name, home address, phone number(s) and e-mail (information required for Warner's records and provided at time of admission and registration) to fellow Warner students, other members of classes in which the student is enrolled, as well as the broader University community through the University of Rochester's website Directory (home phone number and e-mail address automatically appear in the Directory as soon as a student is admitted to any UR school), *unless* the student completes the Request for Privacy portion of this form. Note that Warner *never* releases the student's Social Security Number to any entities other than UR and Warner Financial Administration without the student's express written permission.

A student may activate a Request for Privacy, revoke, or revise this permission at any time during his/her association with the Warner School by completing and submitting this form to the Warner Registrar's Office.

REQUEST FOR PRIVACY

I wish to designate that the following contact information be kept confidential and released only upon my written permission:

- All (i.e., address[es], phone number[s], e-mail address[es])
- Address(es) *only*
- Home Work Cellular phone number(s) *only*
- E-mail address(es) *only*

Student: _____
Signature Date