Office of the University Registrar

Student Signature

FERPA Release Request



University of Rochester. The release is limited to the information specified below at the time of the request and is not a permanent authorization. Furthermore, this access does not permit any transactions or changes to the record. **UR ID Number** Student Last Name Student First Name Program of Study School Authorization Please complete the section below to specify the individual or entity who will be granted access and the specific information the authorized party is allowed to view. Name of Individual(s) Being Authorized Purpose of Release Information to be Released: Residential Life Records Grade report for (term): _____ **Unofficial Academic Transcript** Student Financial Account Information Student Employment Records Financial Aid Records Student Conduct Records Other:

This form enables a student to grant a specific individual access to information from their educational record at the

Submission Guidelines: This form should be completed, saved, and emailed to registrar@rochester.edu for processing from your UR or URMC email address. Official email address of the student is required as a form of signature if not signed above.

Date