



**Office of the Registrar**

Ochre Court, Room 203  
100 Ochre Point Avenue  
Newport, RI 02840-4192  
Tel: 401-341-2943 \* Fax: 401-341-2996  
sruregistrar@salve.edu

## FERPA RELEASE

**Student Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### RELEASE INFORMATION

I, the undersigned, hereby authorize Salve Regina University to release the following educational records and information:

Academic  Financial

**Release to:**

**Name:** \_\_\_\_\_

**Number & Street:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

### AUTHORIZATION

I, the undersigned student, do hereby request that any information concerning me be released to the person(s) named above either upon their written request, or when deemed necessary by the Provost or other University officials acting on behalf of the University. My signature authorizes the University to release information about me during the period in which I am enrolled at the University. I understand I have the right to terminate this authorization by providing written notice to the Office of the Registrar.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_