



Office of the Registrar

Ochre Court, Room 203
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Newport, RI 02840-4192
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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:** _____

This form is available as an online form. PDFs must be submitted from a Salve email address.