



**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

## GRADE RELEASE AUTHORIZATION

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

**Student ID:** \_\_\_\_\_

### This Authorization Applies To:

**Name or Agency:** \_\_\_\_\_

**Contact Name (if any):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Phone Number (Extension Optional):** \_\_\_\_\_

### ACKNOWLEDGEMENT

- I authorize Salve Regina University to release my grades and other enrollment information to the party identified above throughout the period of my studies at the University. This authorization shall continue in effect until I provide written revocation to the Office of the Registrar.

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