



## STUDENT RELEASE UNIVERSITY RECORDS AND INFORMATION

<b>Student Name (Last, First, M.I.):</b>	<b>Student ID:</b>	<b>Date of Birth (MM/DD/YY):</b>
	(check one:) <b>Graduate</b> _____ <b>Undergraduate</b> _____	

University of New Haven policy allows its students to control access to their education records (including requests for academic or disciplinary information) from their parents, guardians, family members, or others. Without a student's express written consent as indicated below, University of New Haven faculty or staff may not disclose information from a student's education records to others.

A student wishing to provide such a release must complete either one or both sections of the following information:

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### **ACADEMIC RECORDS:**

The completion of this part of the release form is only *authorization* to view the above named student's academic information. This form is **not a request for grades or transcripts**.

I, the above-named student, hereby declare that the University of New Haven may release information concerning my academic records to the following person(s):

1. Authorized Person's Printed Name: \_\_\_\_\_  
Person's Relationship to Student: \_\_\_\_\_
2. Authorized Person's Printed Name: \_\_\_\_\_  
Person's Relationship to Student: \_\_\_\_\_

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### **DISCIPLINARY RECORDS:**

I herewith authorize the Dean of Students, Director of Residential Life or University Police Chief to review and discuss any and all aspects of current and pending disciplinary matters in which I am involved at the University of New Haven.

This authorization shall be limited to the following individuals only:

1. Authorized Person's Printed Name: \_\_\_\_\_  
Person's Relationship to Student: \_\_\_\_\_
2. Authorized Person's Printed Name: \_\_\_\_\_  
Person's Relationship to Student: \_\_\_\_\_

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I understand that this Student Release is in effect until revoked in writing by me.

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

Return this form **with original signature** to either:

Dean Of Student's Office-Bartels Hall  
University of New Haven  
300 Boston Post Road  
West Haven, CT 06516

Registrar's Office-South Campus Hall  
University of New Haven  
300 Boston Post Road  
West Haven, CT 06516