

STUDENT RELEASE UNIVERSITY RECORDS AND INFORMATION

Student Name (Last, First, M.I.):	Student ID:		Date of Birth (MM/DD/YY):	
otuuent Name (Last, Filst, W.i.j.	(check one:)		Date of Biltii (MIM/DD/11).	
	Graduate	Undergraduate		
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:				
ACADEMIC RECORDS:				
The completion of this part of the release form is only <i>authorization</i> 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):				
Authorized Person's Printed Name:				
Person's Relationship to Student:				
2. Authorized Person's Printed Name:				
Person's Relationship to Student:				
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:	Person's Relationship to Student:			

Return this form with original signature to either:

Student Signature: ____

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

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

_Date: _____