

AUTHORIZATION TO RELEASE GRADES

Student Name: _____ SSN: _____

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

Agency Name: _____

Contact Person (if any): _____

Agency Address: _____

Agency Telephone: (_____) _____

*If you authorize the University to send information by fax,
then you need to supply the fax number.*

Agency FAX: (_____) _____

Student Signature: _____ Date: _____

Document Checklist

* Military

- Tuition Assistance form or,
- DANTES form

Note: Authorization must include specific classes listed on the above form for which the student is seeking registration.

** Police Departments

- Letter of authorization for each academic period
- Authorization to release grades

Note: Letter of authorization should specify what charges each department will cover.

*** Other

- Letter of authorization for each academic period
- Authorization to release grades

Note: Letter of authorization should specify what charges each employer/agency will cover.