



SEATTLE UNIVERSITY

RELEASE OF INFORMATION RMRURPRC

OFFICE OF THE REGISTRAR
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 220-8030
email : registrar@seattleu.edu

This authorization allows the University to speak to the designated third party(ies) on the phone regarding specific information from your academic record (after the third party has provided the university with your student ID number as a unique identifier).

Student ID Number: _____ Phone Number: (____) _____

Student Legal Name: _____ SU Email: _____@seattleu.edu

Non-directory information contained in your student record is confidential and protected by the Family Educational Rights and Privacy Act (FERPA) of 1974. In most cases, information cannot be released to a third party, except authorized university officials, without your written consent.

I authorize designated representatives of Seattle University to discuss the following information from my educational records with those individuals listed below: grades, program(s) of study, attendance (when tracked), advisor, enrolled classes, academic standing and class level.

PLEASE PRINT:		
Name _____	Relationship _____	Phone(s) (____) _____
Name _____	Relationship _____	Phone(s) (____) _____
Name _____	Relationship _____	Phone(s) (____) _____

Purpose: the purpose of this release of information is to share the listed information from the student academic record with the designated person(s) above. This release does not include the release of unofficial or official transcripts.

- I understand that this authorization will remain in effect until I submit a written request to cancel.
- Please revoke any previous authorizations for release of information.

► Student Signature: _____ Date: _____

OFFICE USE ONLY Processed by: _____ Date: _____
