



AUTHORIZATION TO DISCLOSE EDUCATION RECORDS

Name _____
Last First Middle

Name used at the University of Richmond (if changed)

Address _____
Street

City State Zip Code

Phone _____
Day Home

E-mail _____ Student ID# _____

Current Student Not a Current Student Last Attended UR _____

Degree received/date (if applicable) _____

I hereby authorize the University of Richmond and its officers, employees, and agents to disclose copies of and/or information from my education record, including but not limited to academic, disciplinary, housing, and financial information to

for the purpose(s) set forth below

Student's _____
Signature All requests require an original signature of the student

Date _____