

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

- Complete and submit form to lawregistrar@udmercy.edu
- Handwritten signature (not electronic) is required for processing
- Processing requires 2 business days
- Students may choose to complete and submit this form to the Law School's Office of the Registrar to allow access or release of their educational record

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational record. While parents/guardians/spouses/ and others may have an interest in the student's record, access to or release of the educational record is only by written student consent.

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Name		Student ID Number	
Address			
City	State	Zip	Phone Number
Email	Birthdate	First Term Attended or Graduation Date	

ACADEMIC RECORD (please check all that apply):

- Dates of Attendance
- Cumulative Grade Point Average and Class Rank
- Academic Standing
- Disciplinary Matters on File
- Other: _____

PERSONS TO WHOM INFORMATION MAY BE RELEASED:

Name Person or Organization (if applicable)

Address City

State Zip Phone Number Email

PLEASE NOTE:

Information will be provided in written format; no information will be released over the phone.

By completing, signing, and turning this form in to the Law School's Office of the Registrar, I authorize the University of Detroit Mercy School of Law to release the specified educational records upon written request.

In addition, I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information.

Student/Alumnus Signature (must be handwritten) Date

For office use only

Approved by: _____ Date: _____

Denied by: _____ Date: _____ Student Notified: Yes No