

EDUCATIONAL RECORDS/GRADE RELEASE FORM

Under the U.S. Family Educational Rights and Privacy Act II of 1974, the student must authorize in writing the release of any part of his/her records including his/her grades. The policy can be read in the office of the University Registrar and online.

___ I DO DIRECT Hampton University to release my grades and or other information included within my educational records to:

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Items Requested: _____

Grades: _____

Other: _____

(ex: Financial Aid, Business Office, etc...)

___ I DO NOT DIRECT Hampton University to release my grades and all other information included within my educational records to anyone other than me.

Student- Please Print Last Name, First and Middle

Student Signature

Student ID Number

Date