

# PERMISSION TO RELEASE EDUCATION RECORD INFORMATION

Any student wishing to release his or her education records must complete this form, listing the specific records the student wishes to release, **and return the completed form to the Office of General Counsel** or McKenna Hall for Admission requests. Records will be made available within forty-five (45) calendar days of receipt of this form. Please refer to the University's "FERPA Student Records Policy" at [https://policy.nd.edu/assets/283326/ferpa\\_08.01.2018.pdf](https://policy.nd.edu/assets/283326/ferpa_08.01.2018.pdf) for complete information regarding

FERPA.

*Please note:*

- *Requests for records must be specific. Searches will not be conducted for requests for "All Records."*
- *Notre Dame Transcripts must be requested directly from the Office of the Registrar.*
- *Non-Notre Dame transcripts must be requested directly from the institution attended.*
- *Score reports (e.g., SAT, GMAT) must be obtained by contacting the testing entity directly.*

Requested By (Student):

Release To (Recipient):

\_\_\_\_\_  
LAST NAME                      FIRST NAME

\_\_\_\_\_  
LAST NAME                      FIRST NAME

\_\_\_\_\_  
NOTRE DAME NET ID OR LAST 4 DIGITS OF SSN

\_\_\_\_\_  
ORGANIZATION/SCHOOL

\_\_\_\_\_  
OTHER NAMES USED AT NOTRE DAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
SCHOOL/COLLEGE ENROLLED

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
YEAR/EXPECTED YEAR OF DEGREE

\_\_\_\_\_  
EMAIL

INDICATE THE **SPECIFIC** EDUCATION RECORDS REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Request:

\_\_\_\_\_

I give permission for the appropriate University of Notre Dame representative to release the specified information to the recipient listed above

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE OF REQUEST