



## Permission to Release Education Record Information

**Requested By (Student):**

**Released To (Recipient):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Student Id (PRN): \_\_\_\_\_

Organization or School: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Educational Record Information to be Released:** \_\_\_\_\_

**Purpose of Release:** \_\_\_\_\_

*I give permission for The University of New England to release the specified information to the recipient listed above.*

**Student Signature:** \_\_\_\_\_

**Office Use Only:**

Action taken:  Completed  Filed  Held  Other: \_\_\_\_\_

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**REGISTRAR'S OFFICE**

Biddeford Campus 11 Hills Beach Road (Decary Hall, Room 114) Biddeford, Maine 04005

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Portland Campus 716 Stevens Avenue (Hersey Hall, Room 119) Portland, Maine 04103

Phone: (207) 221-4200 Fax: (207) 221-4898

Website: [www.une.edu/registrar](http://www.une.edu/registrar)