



Office of the Registrar

Ochre Court, Room 203
100 Ochre Point Avenue
Newport, RI 02840-4192
Tel: 401-341-2943 * Fax: 401-341-2996
sruregistrar@salve.edu

GRADE RELEASE AUTHORIZATION

Student Name: _____

Student ID: _____

This Authorization Applies To:

Name or Agency: _____

Contact Name (if any): _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number (Extension Optional): _____

ACKNOWLEDGEMENT

- I authorize Salve Regina University to release my grades and other enrollment information to the party identified above throughout the period of my studies at the University. This authorization shall continue in effect until I provide written revocation to the Office of the Registrar.

Student Signature: _____ **Date:** _____