



Registrar's Office
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Fax: 203-392-7144
Email: Registrar@SouthernCT.edu
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Release of Educational Record

In compliance with the Family Educational Rights and Privacy Act of 1974, information concerning student educational records shall only be released to the student. By completing this release, the student authorizes the Registrar's Office and Southern Connecticut State University to release information from their educational record to the individual listed below. This release does not provide further authorization to the individual listed below, a new release must be submitted by the student to authorize any subsequent release of information.

Directions: Complete and submit this form, along with a copy of a [state verified driver license or identification card](#). An unverified state driver license or identification card may not be used for this purpose since its issuance does not establish legal identity.

STUDENT INFORMATION

Name (Last, First, Middle): _____
Student ID: _____
Telephone: _____

I HEREBY AUTHORIZE MY STUDENT RECORD INFORMATION TO BE DISCLOSED TO THE FOLLOWING INDIVIDUAL(S):

Name (Last, First, Middle): _____
Send To (Mailing Address): _____

Records Requested: _____

AGREEMENT: By signing below, I authorize the above-named individual access to the student record information listed, to be provided by the Registrar's Office and Southern Connecticut State University.

STUDENT SIGNATURE: _____

Date: _____

Note: Students may create a digital ID using their SCSU email by clicking the signature block above, or the form may be accepted as an attachment from their SCSU email without a signature.