



BROWN

Authorization for Release of Educational Records

To Brown University:

I, \_\_\_\_\_, the undersigned, hereby authorize Brown University (the "University") to disclose and/or release to:

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

the following information from my educational records at the University (please check the specific box):

Unofficial Transcript

Academic File

Student Conduct Record

Student Employment Records

Student Financial Account Summary

Residential Life Records

Other: \_\_\_\_\_

\_\_\_\_\_

for the following purpose:

\_\_\_\_\_.

A facsimile or photocopy of this *Authorization* shall be considered as effective and valid as the original.

I hereby release the University, its employees and agents, from any liability to me or anyone claiming by, through, or under me, which may arise directly or indirectly out of the University's good faith compliance with this *Authorization*.

Witness:

\_\_\_\_\_

Print Name

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

Signature: \_\_\_\_\_

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

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

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID #: \_\_\_\_\_