

**ROBERT MORRIS UNIVERSITY
RELEASE OF INFORMATION FORM**

I, _____, (Student ID No. _____),
hereby permit Robert Morris University to release the following records upon request.
Check all that apply:

_____	Term Grades
_____	Transcript
_____	Class Schedules
_____	Discipline/Judicial Records
_____	Health Services/Medical Records
_____	Other (please specify) _____

Name and contact information of individual(s) I wish to release information to:

_____ Name	_____ Name
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Telephone Number	_____ Telephone Number

I understand that my consent to release information to the above stated individual(s) and/or entity is voluntary. I further understand that this release remains in effect until I revoke such consent in writing. The revocation of release will be current when the Office of Student Life receives such letter.

_____ Student Name (printed)	_____ Student ID Number
_____ Student Signature	_____ Date
_____ Student Phone Number	_____ Student Email Address