

# Authorization for Release of Information

Registration & Transcripts · MJC Building, 1st Floor Room 201

Please use black or blue ink, **NO PENCIL**

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI



Website: <https://www.vul.edu/registrar>

Email: [registrar@vul.edu](mailto:registrar@vul.edu)

Phone: 434-528-5276

**FOR PROCESSING**, return form to: MJC Building, 1st Floor Room 201 in person or through official VUL email account **ONLY**.  
Positive service indicator will be applied on VULMYPORAL to indicate that this authorization is on file with Registrar's office.

## CHECK ONE:

- Consent for FULL ACCESS to Educational Records:** (Full access does not give authority to make changes to the student's educational record.)
- Consent for LIMITED ACCESS to Educational Records:** (Limited access does not give authority to make changes to the student's educational record.)
- Only my VUL transcript. The following
- specific information or records:
- \_\_\_\_\_
- \_\_\_\_\_

## Purpose for the Authorization (Please explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Provide full name and address of agent (individual (s) or agency) to whom access to records may be provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide security word or number to be used by agent for ID purposes:

\_\_\_\_\_

## VALID FOR:

- One Time Use: This authorization can be used only once.
- Limited Use: This authorization expires on \_\_\_\_\_
- Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or for a maximum of one year from the date on this form.

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the University office or person who maintains the records of this authorization. This authorization is good for one year from the date I sign this release, unless noted differently above, and photocopies of this release form may be accepted, when presented in person with appropriate identification. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

### *For Registrar Office Use Only*

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Revised November 2018

X

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date