



Office of the Registrar  
Saint Leo University  
Saint Leo, FL 33574  
(352) 588-8651

**AUTHORIZATION FOR ACCESS TO MY EDUCATIONAL RECORD**

I hereby authorize Saint Leo University to release my academic and/or disciplinary record to my Parent(s) or Guardian(s) or Sponsor(s) listed below. If parents live at the same address, please list them both in #1.

1. \_\_\_\_\_  
Names(s)

2. \_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

If person(s) named above are not your parent(s), how are they related to you? \_\_\_\_\_

\_\_\_\_\_

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent. This authorization will remain in effect until it is revoked.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (Print)

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

\_\_\_\_\_  
Student's ID #