



UNIVERSITY OF NEW ENGLAND

Parent/Guardian Information Release Form

Student's Name: _____ Date: _____

Personal Reference#: _____ Campus: **Biddeford** or **Portland**
(Please Circle one)

E-mail Address: _____

Academic Year: 20____

Phone Number: _____

Request:

I authorize the person(s) listed below to be able to view and have access to my academic records. Academic Records include Enrollment and Financial Status, Semester and Course Grades, Academic Standing, and Graduate Status.

Parent/Guardian 1: _____

Parent/Guardian 2: _____

This authorization will remain in effect until it is revoked in writing.

Student's Signature: _____

Please Note: This form must be signed in the Registrar's Office with a valid picture I.D. Please visit either campus to complete this form in person.

For Office Use Only	
Completion Date:	_____
Entered in SPACMNT by:	_____

REGISTRAR'S OFFICE
 Biddeford Campus 11 Hills Beach Road (Decary Hall, Room 114) Biddeford, Maine 04005
 Phone: (207) 602-2473 Fax: (207) 602-5927
 Portland Campus 716 Stevens Avenue (Hersey Hall, Room 119) Portland, Maine 04103
 Phone: (207) 221-4200 Fax: (207) 221-4898
 Website: www.une.edu/registrar