

Troy University Grade Release Authorization

The Family Educational Rights and Privacy Act of 1974 prohibits the release of personally identifiable information from student's educational records without their prior written authorization. Exceptions to this policy are limited to: (1) release of such information to a specific list of officials with a legitimate educational interest in the record, (2) the release of such information in response to a court order, health or safety emergency, or approved research project, or (3) the release of public directory information which has not been previously restricted by the student.

I, the undersigned, authorize and request the release of my grade report for each course completed through Troy University. I give Troy University permission to release this information to those listed below via e-mail and/or fax. No other release of grades is intended. I acknowledge that the e-mailed/faxed grade report is unofficial and that the official grade report is my permanent record maintained by the Registrar's Office. Any dispute I have with the grade will be based on the official grade report, and I will follow the grade appeal procedure outlined in the Student Handbook.

Please complete the bolded items.

Name (First, Last, Middle Initial): _____

TROY ID: _____

Social Security #: _____

Email address: _____

Records to be disclosed: _____ Term grades for each course taken at TROY.

Parties to whom the records may be disclosed: _____

(Please list those you authorize release of grade information to): _____

Length of Disclosure _____ This authorization shall remain in effect as long as I remain a matriculating student of the Troy University.

I understand there is no guarantee of confidentiality in transmitting by fax or through the Internet. By signing this authorization, I am waiving my rights of nondisclosure of these records under federal law and understand the risk of faxing and/or emailing grades. This release does not permit the disclosure of grades to any other persons, entities or email address without my written permission.

I further understand that it is my responsibility to inform Troy University of any change of personal information, such as change in name or email address, and I further understand that it is my responsibility to ensure that the above party(ies) have received my grades in a timely manner.

Signed: _____

Date: _____

Please submit this completed form to the following office:

Troy University
Attn: Student Records
5425 Robin Hood Road, Suite B1
Norfolk, VA 23513
757-274-0483 (fax)