



WARNER
SCHOOL OF EDUCATION
UNIVERSITY of ROCHESTER

PERSONAL INFORMATION RELEASE FORM

Submit completed form to the Warner Registrar's Office
U of R Warner School, 246 LeChase Hall, R.C. Box 270425
Rochester, New York 14627-0425

Please Print or Type (not in red ink, please)

PERSONAL INFORMATION

Name: _____
Last First Middle

UR ID# (or SSM):

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 Advisor: _____

Home Address: _____
Street Address & Apt. No. or P.O. Box City State Zip Code

Phone Number(s): () _____ () _____
Home Phone Work Phone

E-mail Address: _____

NOTICE:

Upon request, Warner School will release (to employees of Warner as well as the broader University of Rochester complex only) a student's name, home address, phone number(s), and e-mail (information required for Warner's records and provided at time of admission and registration). E-mail addresses automatically appear in the Directory as soon as a student is admitted to any UR school, *unless* the student completes the Request for Privacy portion of this form. (Students requesting other students' contact information will be asked to provide a phone number or e-mail address, and the Warner registrar will contact the other party and provide the requester's phone/e-mail. Faculty may share contact information with members of classes in which the student is enrolled, so if the student does not wish his or her contact information shared, she or he should notify the instructor at the start of class.) Note that Warner *never* releases the student's Social Security Number to any entities other than UR and Warner Financial Administration without the student's express written permission.

A student may activate a Request for Privacy (using this form) or revoke this permission at any time during his or her association with the Warner School by submitting a request in writing to the Warner Registrar's Office.

REQUEST FOR PRIVACY

I wish to designate that my contact information be kept confidential and released only upon my written permission.

Student: _____
Signature Date