



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

Student Academic Record Release Form

Office of Student Records
Hofstra Northwell School of Medicine
500 Hofstra University
Hempstead, NY 11549-5000
somregistrar@hofstra.edu

Instructions: In order for the Office of Student Records to allow release of a component from a student's academic record, you must complete this form. In accordance with FERPA, this request will only be granted if this request is deemed legitimate in nature.

Please complete the information requested on this form and return to the individual who sent you the form (either the Office of Student Records or Assessment and Evaluation).

Section I: Faculty Information

Please provide the names of the faculty member(s) to whom you would like to provide your grades or academic record.

Faculty Name(s): _____

Section II: Student Information

Student Name: _____

Student HofID: _____

Section III: Reason for the Request

I _____ (print your name) provide permission to the Office of Student Records or the Office of Assessment and Evaluation to provide access the following documents (please check all that apply) to the aforementioned faculty:

- Transcript
- Grade for the following course(s): _____
- Assessment forms for the following course(s): _____

Signature

Date

Section IV: (Office of Student Records or Office of Assessment and Evaluation Use ONLY) Request Granted/Denied

The School of Medicine has granted/denied the faculty

member(s) _____ access to the academic record of

(student name)

Signature

Date