

Student File Release Form

chair, and department administrator. If you	ur student file are you, your academic advisor, department wish to give someone else access to your whole file or his form and submit to the Registrar's Office
Last Name:	First Name:
Harvard ID:	Department/Program:
I give permission for	to have access to the following:
•	
 *Transcript Other: 	
*Transcript: If the person is not a Harvard C From.	han School staff, please fill out the Transcript Request
Student's Signature:	Date://
REGISTRA The above request was approved The above request was not approved for	R OFFICE USE ONLY or the following reason(s):
Comments:	
Registrar Signature:	Date://