



University of Virginia

Request for Electronic Access to Academic Record Information

I _____ have completed the online

(Please Print) Last Name First Name Middle Initial Date of Birth

form to request access to my academic record information in the University of Virginia Student Information System (SIS).

My written signature on this form further acknowledges this request and authorizes login information and instructions to be sent to me via e-mail.

Signature

Date

To help ensure this signature page is matched up with your online request form, please provide your name while in attendance at the University of Virginia **if different from above**.

Last Name First Name Middle Name

Contact information: Email _____ Phone(_____) _____

Once this form has been physically signed and completed please:

Fax to: 434-924-4156

Or

Scan and email to: ureg@virginia.edu