



## STUDENT INFORMATION RELEASE REQUEST

Student's Printed Name: \_\_\_\_\_

Date Information Required: \_\_\_\_\_

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### Information to be released:

Transcript

Enrollment Status/Dates for: term \_\_\_\_\_ year \_\_\_\_\_

Graduation Status *(e.g., statement that graduation expected on a certain date provided requirements completed.)*

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\_\_\_\_\_

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### Information released to *(Include full name, title, address)*

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\_\_\_\_\_

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*I authorize release of the information as indicated on this form.*

Signature \_\_\_\_\_

Date \_\_\_\_\_