



STUDENT INFORMATION RELEASE REQUEST

Student's Printed Name: _____

Date Information Required: _____ *(DO NOT PUT ASAP!)*

Information to be released:

- Transcript
- Enrollment Status/Dates for: term _____ year _____
(e.g., full or part time, dates of enrollment)
- Graduation Status *(e.g., statement that graduation expected on a certain date provided requirements completed.)*
- _____
- _____
- Self Review of Records *(You will be notified of the time and place for review. Skip to the signature.)*

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

Purpose of Release:

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

Signature _____

Date _____

