



STUDENT INFORMATION RELEASE REQUEST

Student's Printed Name: _____

Date Information Required: _____

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.)

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

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

Signature

Date