



CONSENT TO RELEASE INFORMATION FROM STUDENT RECORDS

STUDENT'S NAME _____
LAST FIRST MIDDLE

STUDENT'S ID NUMBER 0 0 0 / _____ / _____

The following individual/organization desires that certain information be released from your education records.

Name/Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Other pertinent information (i.e. policy numbers, parent/guardian names): _____

Please send the following information: (Check all that apply)

- Student Grade Copy (Unofficial Transcript)
- Degree/Enrollment Verification
- Replacement Diploma
- Insurance Deferment
- Loan Deferment
- Other: _____

I hereby give my consent to the release of information specified above for the purpose indicated.

Student Signature _____ **Date** _____

OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____
DATE PROCESSED _____ PROCESSED BY _____