



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)

- | | |
|---|--|
| <input type="checkbox"/> Student GPA Information | <input type="checkbox"/> Insurance Deferment |
| <input type="checkbox"/> Degree/Enrollment Verification | <input type="checkbox"/> Loan Deferment |
| <input type="checkbox"/> Replacement Diploma | <input type="checkbox"/> 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 _____
DATE PROCESSED _____

RECEIVED BY _____
PROCESSED BY _____