



RELEASE OF STUDENT INFORMATION

OFFICE OF THE REGISTRAR

Name:
(Please Print Full Name)

Student Number:
(VIP ID)

I hereby authorize the Office of the Registrar to release grades and any other academically related information to the following individuals:

(Please print the full name of each individual who will receive this access)

Limitations, if any, you wish to have on the release of this information:

Signature of Student

The state of _____

_____ County

Sworn before me this _____ day of _____, A.D. 20 __

(SEAL)
Notary Public

My Commission Expires: _____