

Permission to Release Education Record Information

Requested By (student)

LAST NAME FIRST NAME

Release To: (recipient)

LAST NAME FIRST NAME

SSN, PVID or Colleague ID: _____

Organization/School: _____

Date: _____

Address: _____

CITY STATE ZIP

- Official Academic Record (Registrar file)
 - Financial Aid Record
 - Other or specific _____
- _____
- _____

I give permission for _____ to release the specified information to the recipient listed above.

Student Signature: _____

OFFICE USE ONLY

Action Taken: COMPLETED FILED HELD OTHER

Date: _____

By Whom: _____