



RELEASE OF STUDENT INFORMATION

Name: _____
(Please Print Full Name)

Student ID Number: _____

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

Name: _____

Name: _____

Name: _____
(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:

Limitations:

Student Signature: _____ **Date:** _____

The state of _____

County of _____

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

Notary Public: _____ **(SEAL)**

My Commission Expires: _____