

## Permission to Release Education Record Information

Requested By (Student)

Release To (Recipient)

\_\_\_\_\_  
Last Name                      First Name

\_\_\_\_\_  
Last Name                      First name

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
Organization/School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Education record information to be released:

- Grades, grade point average (GPA), units, registration status, and other information included on my transcript.
- Course selection, and completed degree requirements.
- Referrals, disciplinary records, and other information included in my academic file.
- Information contained within petitions I have submitted to the \_\_\_\_\_.
- Any other information requested by \_\_\_\_\_.

Purpose of Release: \_\_\_\_\_

I give permission for \_\_\_\_\_ to release the specific information to the recipient listed above.

\_\_\_\_\_  
Student Signature