

Authorization to Release Student Document(s) to
Admissions, Department, or Administrator

Student's Name _____

Student's ID#: _____ Date _____

What is the purpose of this request?

____ Degree Plan ____ Advising ____ Application to Graduate School

____ Readmission Application ____ Application for Scholarship/Financial Aid

____ Other(explain) _____

Document(s) needed: _____

Please send to _____

NOTE: When this Academic Record is released to the Administrator, Faculty, or Staff listed below, it may not be released or viewed by a third party