Consent to Release Information on Academic Record and Progress

I, ______________________________, consent to the release of information in my academic record for my personal use, including non-directory information. I am requesting the following information:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Upon receipt of this request, the designated school official may send the requested information above back to me at:

__________________________________________________________________________________
(Fax number, email/mailing address, or telephone number)

Please note: This consent must include a personal signature; electronic signatures will not be accepted.

Student Signature __________________________________________ Date ____________________
Student ID Number __________________________ Dates of Attendance: __________________