



Student Records Release of Information

I _____,

request and allow the release of all my educational records to:

_____.

This release shall be effective from _____ through _____.

Signed _____

Date _____

Student ID A _____

The original release must be sent to the Registrar's office.

Entered into Banner (date, initials) _____

Original placed into student's file (date, initials) _____