



## Request for Release of Student Records

Date: \_\_\_\_\_

Student Name While Attending: \_\_\_\_\_

Current Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Attended: \_\_\_\_\_

Year Graduated/Withdrawn: \_\_\_\_\_

Records to be Released: \_\_\_\_\_  
\_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_

Released to:

Name of Individual \_\_\_\_\_

Name of Institution \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

-----  
For Office Use Only:

Date Received: \_\_\_\_\_ Date Records Sent: \_\_\_\_\_ By: \_\_\_\_\_

*The foregoing electronic message and any files transmitted with it are confidential and are intended only for the use of the intended recipient named above. This communication may contain material protected by the Family Educational Rights and Privacy Act (FERPA). If you are not the intended recipient, copying, distribution or use of the contents of this message is strictly prohibited. If you received this electronic message in error, please notify us immediately at 662-746-1492.*