

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