



# RECORD RELEASE

**Student's Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_  
*(Last) (first) (Middle)*

**Maiden or other names used:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Records requested:**  Acceptance Letter  Verification of Enrollment  Grades  Schedule

**By:**  Mail  Fax  Email **Attention To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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**By:**  Mail  Fax  Email **Attention To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I hereby give my permission to release these records:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Records Sent On: \_\_\_\_\_ By: \_\_\_\_\_