

## Permission to Release Education Record Information Or Speak on Student's behalf

Requested by (student):

Release/speak to (Recipient)

\_\_\_\_\_  
Last name, First name

\_\_\_\_\_  
Last name, First name

\_\_\_\_\_  
Last 4 of Student Social Security #

\_\_\_\_\_  
Organization / Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Education Record to be released

\_\_\_\_\_  
Purpose of release

I give permission for Resurrection University to release the specific information to the recipient listed above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Office Use Only

Date received \_\_\_\_\_ Completed by \_\_\_\_\_