

PRINT CLEARLY:

() -
Student NUID or SSN Student's Email Student's Phone

I, authorize the Office of the University Registrar to release my:
Student's Full Name

- GPA
- Class Rank
- Full/Part Time Status
- Number of Credit Hours
- Class Standing
- Expected Date of Graduation / /
- Other

TO BE SENT VIA:

- Mail:
Name of person or organization

Address Line 1

Address Line 2

City State Zip
- Email:
- Fax:
- In-person pickup:
Full name of individual. Must present a valid photo ID at time of pickup.

STUDENT SIGNATURE

/ /
Student Signature Date