



# AUTHORIZATION FOR RELEASE OF INFORMATION

Name \_\_\_\_\_ SS# \_\_\_\_\_  
(Please Print) Last First Middle

Classification \_\_\_\_\_ Major \_\_\_\_\_

**I am requesting the following information:**

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\_\_\_\_\_ Enrollment Verification for: \_\_\_\_\_ Health Insurance \_\_\_\_\_ Loan  
\_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer

\_\_\_\_\_ History of Enrollment: **(Includes all dates of attendance)**

Letter will include the following:

- Full, half, or part-time enrollment status
- Anticipated date of graduation

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\_\_\_\_\_ Letter for "Good Student Discount" (auto insurance)

- **Student must have a GPA of 3.000 or better**

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\_\_\_\_\_ Letter of academic standing to be mailed to another school:

School & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Student must be in good academic standing**

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\_\_\_\_\_ I would like the information faxed or mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I will pick up the information requested

\_\_\_\_\_  
Signature of Student Required Date of Request