

## Release of Education Records

Student's Name:			
SPU ID #:			
Email:		Phone:	
	cts the right of parents	sions established in the Family Educational ts of dependent students and of students wh	_
	<b>l, written consent</b> by	tudent's education records to individuals bey y the student specifying which records may l purpose of the disclosure.	
Name of Authorized Recipient(s) :			
Address:			
City:	State:	Zip Code:	_
Email:			
Fax #:			
with the designated person(s) above. T	his release does not in This release does not in This release of the second in the s	ted information from the student academic nation include the release of unofficial or official transfer to disclose the following information from	anscripts.
o Grades			
<ul><li>Program(s) of study</li></ul>			
<ul><li>Attendance (when tracked)</li></ul>			
o Classes completed			
o Classes in which currently enrolled			
<ul> <li>Academic standing</li> </ul>			
o Class level			
Student Signature:			
Date:			