

Office of the Registrar  
University of Southern Indiana  
8600 University Blvd.  
Evansville, IN 47712  
(812) 464-1762

Permission to Release Education Record Information

Requested by (Student):

Release To (Recipient):

_____ Last name	_____ First name	_____ Last name	_____ First name
_____ Student ID number		_____ Organization/School	
_____ Date		_____ Address	
		_____ City, State, Zip	

Education record information to be released:

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

Purpose of release:

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

I give permission for the University of Southern Indiana to release the specified information to the recipient listed above.

\_\_\_\_\_  
Student signature

Office use only

Action taken: SPACMNT \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_