



Full Time Enrollment/Degree Verification Release Form

To be completed when a student requests release of information in his/her official file.

Student Name _____

ID No. _____ OR Social Security No. _____

I request that my _____ be released to:
(Type of information to be released)

(Name)

(Address)

(City, State, Zip)

Fax No. () _____ OR Email _____

For the purpose of (insurance, military benefits, scholarship, etc.) ...

Student Signature _____ Date _____