

Missouri State University

Release of Information Authorization Form

Student Name

BearPass Number (Student ID)

I hereby give _____ authorization to release to

Title/ Name of Office

Name of Person or Organization
the following information from my education

record:

Initials Grades for any or all classes

Initials Grade(s) for only the following classes: _____

Initials Undergraduate GPA. Check at least one of the following:
 Missouri State Cumulative Combined Transfer only

Initials Graduate GPA. Check at least one of the following:
 Missouri State Cumulative Combined Transfer only

Initials Other: _____

for the purpose of _____

_____ Academic year

This authorization shall remain in effect until the last day of classes for the summer session, unless revoked in writing to the office to which it was submitted. This agreement only applies to records/information maintained by the person/office listed above. If requesting records maintained by more than one office, a separate form must be submitted to each appropriate office.

Student Signature: _____ **Date:** _____