

Missouri State University

Release of Information Authorization Form

Student Name

Student ID Number

I hereby give _____ authorization to release to

Title/ Name of Office

_____ the following information from my

Name of Person or Organization

education record:

_____ Grades for any or all classes

Initials

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

Initials

_____ Undergraduate GPA, Check at least one of the following:

Initials

Missouri State Cumulative Combined Transfer only

_____ Graduate GPA, Check at least one of the following:

Initials

Missouri State Cumulative Combined Transfer only

_____ Class rank or percentile ranking

Initials

_____ Other: _____

Initials

for the purpose of _____ .

Student Signature: _____ Date: _____