

Amridge University

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Office of Registrar

Permission to Release Education Record Information

Requested by (Student)

Release to (Recipient)

LAST NAME

FIRST NAME

LAST NAME

FIRST NAME

STUDENT IDENTIFICATION NUMBER

ORGANIZATION/SCHOOL

DATE

ADDRESS

CITY, STATE, ZIP

Education record information to be released

Purpose of release

I give permission for _____ to release the specified information to the recipient listed above.

STUDENT SIGNATURE

OFFICE USE ONLY

ACTION TAKEN

COMPLETED

FILED

HELD

OTHER (EXPLAIN) _____

DATE

By WHOM