

# Request for Release of Student Records



Name:

Student ID or SSN:

\_\_\_\_\_

\_\_\_\_\_

Current Mailing Address:

E-mail address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number:

\_\_\_\_\_

\_\_\_\_\_

Purpose of request:

\_\_\_\_\_

\_\_\_\_\_

Item(s) requested:

\_\_\_\_\_

\_\_\_\_\_

Requested delivery method (mail, e-mail, office pick-up):

\_\_\_\_\_

**By signing this release, I allow the Office of the Registrar at Calvin University to release the above named records.**

Signature

Date

This form is intended for the release of records that cannot be obtained through a transcript request or an enrollment verification request. This form may be delivered in person, faxed to (616) 526-8513, e-mailed to [successcenter@calvin.edu](mailto:successcenter@calvin.edu) or mailed to:

Center for Student Success - Registrar, 3201 Burton St. SE Grand Rapids MI, 49546.

*Office use:*

Request received by \_\_\_\_\_ on \_\_\_\_\_

Request filled by \_\_\_\_\_ on \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_