



WALSH
UNIVERSITY

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RELEASE OF EDUCATION RECORD INFORMATION

TODAY'S DATE:

____/____/20____

Please complete this form to grant permission to release education record information that is maintained in the Offices of Academic Advising, Financial Aid/Student Accounts and the Registrar.

Student Name: _____ SSN/ID#: _____

Signature of Student: _____ DOB: _____

My signature gives permission to release the designated information to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

You MUST designate either Option A or Option B.

Option A

☐ All information shown below can be released.

OR

Option B

☐ Only specific items checked below are to be released from the Offices of Academic Advising, Financial Aid/Student Accounts and the Registrar. Check those applicable items.

☐ Mid-Term Grades

☐ Final Semester Grades

☐ Advising Appointment Attendance

☐ Reports from Instructors

☐ Current Class Schedule

☐ Academic Transcript (Unofficial)

☐ Financial Aid, Tuition Charges and Payments, Refunds Issued

☐ Other: _____