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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: \_\_\_\_\_