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 **RELEAS E OF EDUCATIO N RECOR D 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 Registrar.

Student Name: SSN/8000#:

Date of

Signature of Student: Birth:

# 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 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: