



Office of the Registrar

2020 East Maple St., | North Canton, Ohio | 44720-3336

Phone: 330.490.7367 | Fax: 330.490.7372 | www.walsh.edu

RELEASE OF EDUCATION RECORD INFORMATION

PLEASE PRINT

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

Student Name: _____ SSN/ID: _____

Signature of Student: _____ Date: _____

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 under The Office of the Registrar, Financial Aid and Student Accounts can be released.

OR

Option B

Only specific items checked below are to be released. Please proceed and check those applicable items.

The Office of the Registrar

- _____ • Academic Transcript (unofficial)
- _____ • Copy of Current Class Schedule
- _____ • Final Semester Grades
- _____ • Mid-semester Grades
- _____ • Other:

The Office of Financial Aid

- _____ • All Financial Aid Information

The Office of Student Accounts

- _____ • Any Financial Charges, Payments, and/or Refund Information.