

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, e-mailed to 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 _____
