Academic Support Centers Mentoring Program (AMP)
Educational Access Programs (EAP)
Release of Information

I hereby authorize the Faculty/Staff of Southeast Missouri State University to release to Educational Access Programs and the Academic Support Centers Mentoring Program /Academic Support Centers any pertinent information related to my academic progress.

Sign: _____________________________________________________________

Printed Name: ____________________________________________________

SO #: ____________________________________________________________

School Year: ______________________________________________________

Witness Name: ____________________________________________________

Witness Signature: ________________________________________________

Date: _________________

The information released is considered confidential. It is intended for use by University personnel for the benefit of the above signed student. Educational Access Programs will not provide additional disclosure of the information without written consent of the student to whom it pertains.

PLEASE RETURN TO
Educational Access Programs
573-986-6135
ascmentoring@semo.edu
Mail Stop 1850