



**SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873**

Office of the Registrar

Mail or Fax this Form to:

Southeast Missouri State University

Office of the Registrar

One University Plaza, MS 3760

Cape Girardeau, MO 63701

Office: 573-651-2250 Fax: 573-651-5155

Permission to Release Confidential Information

This form has been provided for students who wish to allow an individual or agency to obtain confidential information. Information may be obtained by the specified individual or agency by sending a *written request* to the Registrar's Office. There will be a two day processing time upon receipt of the request.

Student's Name: _____

Southeast ID Number : _____

Address: _____

Individual or agency authorized to obtain information: _____

Release is valid from: _____ to _____

mo/day/yr

mo/day/yr

Type of information to be released (ex: semester grades, hours enrolled, transcript):

SIGNATURE _____ **Date** _____

This release is not valid without the student's signature.

*Information will only be released to individuals or agencies listed above.