

## Request for Release of Student Records

Name:

Student ID:

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Current Address:

E-mail address:

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Phone number:

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Purpose of request:

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Item(s) requested:

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Requested delivery method:

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**By signing this release, I allow the office of academic services at Calvin College to release the 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, faxed to (616)526-8513, e-mailed to [acadservices@calvin.edu](mailto:acadservices@calvin.edu) or mailed to Office of academic services, 3201 Burton St. SE Grand Rapids MI, 49546.

*Office use:*

Request received by \_\_\_\_\_ on \_\_\_\_\_

Request filled by \_\_\_\_\_ on \_\_\_\_\_

Notes \_\_\_\_\_

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