

Request for Release of Student Records

Name(s):

Student ID or SSN (last four):

Date of Birth:

E-mail Address:

Current Mailing Address:

Phone Number:

Document(s) Requested:

Unofficial Transcript (includes active dates, courses taken, grades received, and GPA)

Enrollment Verification (includes active dates, number of credits attempted/completed)

Other (please specify): _____

Purpose of Request / Additional Instructions:

Requested Delivery Method:

E-mail

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 an official transcript 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 of the Registrar use only:

Request received by _____ Date _____

Request fulfilled by _____ Date _____

Notes _____