

STUDENT RELEASE OF EDUCATIONAL RECORDS TO PARENTS

I give permission to Vincennes University to release my educational records to my parents.

Student's Name (PLEASE PRINT) _____

Student's Student ID/SSN _____

Father's Name (PLEASE PRINT) _____

Mother's Name _____

Date

*Student's Signature

**You are not required to sign this form. Your signature on this form allows your parents to receive information from your academic record upon request, and eliminates the need to contact you each time they request information.*

This form can be brought to the Administrative Offices,
Faxed to 812.481.5960
or mailed to:

Vincennes University Jasper Campus
Student Services
850 College Avenue
Jasper, IN 47546