



**VINCENNES
UNIVERSITY
JASPER**

STUDENT RELEASE OF EDUCATIONAL RECORDS

Student's Name: _____ **Student ID Number: A** _____

Parent/Guardian Information: (print clearly)

Father's Name: _____ **Email Address:** _____

Mother's Name: _____ **Email Address:** _____

Specify Others: (example; aunt)

Relationship: _____, **Name:** _____ **Email Address:** _____

Relationship: _____, **Name:** _____ **Email Address:** _____

- You are not required to sign this form
- Your signature on this form allows your designee(s) to receive information from your academic record (which would include early warning notices regarding attendance issues through their email address) and eliminates that need to contact you each time they request information
- This release will remain in effect until rescinded in writing by the student

Student's Signature: _____ **Date:** _____