



PERMISSION TO RELEASE
NON-PUBLIC INFORMATION

The Family and Educational Rights and Privacy Act of 1974 provides that the release of education records (or personally identifiable information therein, except for public directory information) will not be made without the written consent of the student.

In order that VAIGS may comply with the law, please provide the information requested below and sign this request form.

PLEASE PRINT:

Name: _____
FIRST MI LAST

Date of Birth: _____ Telephone Number: _____

Information to be released*: TRANSCRIPT VERIFY ENROLLMENT OTHER / PLEASE IDENTIFY BELOW:

**If you are requesting enrollment verification, please include the semester(s) you need verified.*

Person to receive information:

NAME/Organization _____

ADDRESS _____ CITY, STATE _____ POSTAL CODE _____

STUDENT SIGNATURE _____

DATE _____

Date sent: _____

via: E-mail / US Postal mail / Fax / Hand Delivered