

ACADEMIC RECORDS RELEASE FORM

Office of Graduate & Undergraduate Programs
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Morehead, KY 40351
PHONE: 606-783-2004
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Date: _____

I, _____ waive my right under the Federal Family Rights to Education Privacy Act of 1974 and give my permission to have my grades and classroom progress for the 2009-2010 academic school year, released to the Office of Graduate & Undergraduate Programs at Morehead State University.

These reports will remain confidential and will only be seen by the Office of Graduate & Undergraduate Programs personnel. Periodically, the reports may be seen by the Academic Standards & Appeals Committee.

Signature: _____

Student ID Number: _____

Social Security Number: _____