

RELEASE OF ACADEMIC INFORMATION FORM

**Morehead State University
The Graduate School
701 Ginger Hall
Morehead, KY 40351**

I understand that in order for the Graduate School to release any information, I must indicate in writing the name and address of the institution/individual who I give permission to ask for and receive this information.

I understand that without this release, no information will be given to any institution/individual.

Student Name: _____

Address: _____

MSU ID #: _____

Phone: _____ optional email: _____

Information requested to be sent:

<input type="checkbox"/> GRE	<input type="checkbox"/> Copy of Transcript(s)
<input type="checkbox"/> GMAT	<input type="checkbox"/> Undergraduate Writing Sample
<input type="checkbox"/> MAT	<input type="checkbox"/> Statement of Educational & Career Goals
<input type="checkbox"/> Letters of Recommendation	<input type="checkbox"/> Criminal Background Check

Reason/purpose information is to be released:

Information to be released to:

Institution/Individual: _____

Address: _____

2nd Address line: _____

3rd Address line: _____

Signature: _____ Date: _____