

RELEASE OF STUDENT INFORMATION



OFFICE OF THE REGISTRAR/VETERANS AFFAIRS OFFICE
 POST OFFICE BOX 8104 + 300 COLLEGE STREET, NORTHEAST
 ORANGEBURG, SC 29117-0001 + (803) 536-7185 + FAX: (803) 536-8602

INSTRUCTIONS: This form is to be used by the student to authorize the Registrar's Office to release his/her academic information and/or enrollment verification to a third party (this includes parents and guardians).

Please Print Clearly:

Campus Wide ID	Name (Last, First, M.I.)	Semester <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	Year
E-mail Address	Mailing Address (Street, City, State, Zip)		

I hereby authorize the Registrar's to release my academic information (transcript, grades, verifications and other academic information) to my parents or guardian upon request. This release is executed with full knowledge and understanding that my educational record will include: Please check items to release.

- Review Academic Status(i.e. Good Standing, Academic Warning, Probation, Suspension and Dismissal)
- Review Grades
- Review Transcript
- Obtain Enrollment Verifications
- Obtain Class Schedule

I understand that this release will be effective one year from the date received in the Registrar's Office.

_____/_____/_____
 Student Signature Parent Signature Date

I certify that the student listed above is currently dependent on me and has been claimed by me (as a parent or guardian) for a federal tax exemption for tax year (indicate year) _____. I request that a copy of his/her South Carolina State University transcript or semester grades be made available to me upon request.

 Parent / Guardian Signature Printed name Date

Guidelines:

- ▲ This authorization will be in effect for the year following the tax year indicated above. A new request will be needed each year to renew access to the student's academic record.
- ▲ A copy of specified tax year records is required.
- ▲ There is a \$3.00 charge to receive a transcript/grades (Request must follow Registrar's Transcript process.)

FOR OFFICE USE ONLY

- Parent/Guardian identity verified Received by: _____ Date: _____
- Student identity verified (if appropriate) Processed by: _____ Date: _____
- SPACMNT Screen updated
- Copy of Driver's License or other Official ID must be attached
- Received Current Tax Return, Tax Year _____