



Records & Registration
126 Tillman Hall, Rock Hill, SC 29733
Phone: 803/323-2194 Fax: 803/323-4600

PERMISSION TO RELEASE STUDENT'S RECORDS

Student's Name (please print): _____
Last First Middle

Student Number (social security number): _____

I permit Winthrop University to grant access to _____
(name and relation to student)
to view my academic records.

Date: _____ Signature: _____

This form will be used by the Office of Records and Registration to allow outside parties access to a student's grades, academic status, etc. This permission form will be considered valid until the student graduates or by written request to end this permission.

If you have questions regarding the status or purpose of this form, please contact the Office of Records and Registration at:

Phone: (803) 323-2194
Fax: (803) 323-4600
E-mail: RecandReg@winthrop.edu