



PERMISSION TO RELEASE STUDENT'S RECORDS

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

Student Number (Campus-Wide ID): _____

I permit Winthrop University to grant access to _____
(name and relation to student)

to view my (check as many as apply):

Academic records

Financial Aid records

Financial records

All of the above

Date: _____ Signature: _____

This form will be used by Winthrop University campus offices/instructors to allow third parties access to a student's grades, academic status, financial records, and/or financial aid records. 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. This signed form can be returned to the address or fax below or emailed to recandreg@winthrop.edu.