



## CONSENT TO RELEASE STUDENT INFORMATION

Please provide information from the education records from Lindsey Wilson College of

\_\_\_\_\_ to \_\_\_\_\_.  
(Student Name)

The information that is to be released is:

\_\_\_\_\_ transcript/grades

\_\_\_\_\_ all records

\_\_\_\_\_ other (specify) \_\_\_\_\_

I understand that this information may be released either orally or by written records. I have the right to inspect the written records that are released. I understand that I may revoke this Consent for Release.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Student ID \_\_\_\_\_

Date \_\_\_\_\_