

REQUEST TO RELEASE UNDERGRADUATE ACADEMIC RECORD
INFORMATION TO PARENT(S) AND/OR DESIGNATED INDIVIDUALS

I, _____, a student enrolled at Springfield College,
(Student's name. Please print.)
hereby authorize the College to release my undergraduate academic record (each semester of my active enrollment) to the person(s) identified below. This authorization also allows my advisor to discuss my academic record with the person(s) identified below. *(The academic record includes grades, academic standing, academic progress, semester GPA and cumulative GPA.)*

Parent(s) or Guardian:

Parent(s) or Guardian:

Name(s)

Name(s)

Address

Address

City State Zip

City State Zip

Parent(s) home telephone number

Parent(s) home telephone number

Signature of Student Authorizing Release Date

Student's Springfield College ID #

Students have the right to revoke this request at any time; however, the request must be made in writing and bear the signature of the student. Such requests must be directed to the Registrar.

This form must be properly completed and received by the Registrar prior to the release of information. This form will become part of a student's permanent record located in the Office of the Registrar.

NOTE: This release becomes invalid at the time of a student's departure from the College.

Forward this form to:
Springfield College
Office of the Registrar 263 Alden
Street
Springfield, MA 01109