

**TRINE UNIVERSITY
AUTHORIZATION RELEASE FORM
FOR ACCESS TO STUDENT
ACADEMIC DEFICIENCY, GRADE, AND ATTENDANCE REPORTS**

This form is valid from fall 2016 through summer 2017

I understand that under the provisions of the Federal Privacy Act of 1974, as amended, my university records will not be released without my approval. This consent remains in effect until August 31, 2017. A student may rescind this form at any time. Incomplete forms will not be recognized as valid.

Please check the appropriate space(s)

_____ I am a first-time freshman.
_____ I am a transfer student.
_____ I am a returning student. _____ Class status

STUDENT INFORMATION

PLEASE PRINT ALL INFORMATION

_____ **PRINT** - Student Name _____ Student ID Number (If available)

_____ Home Address, City, State and Zip Code

_____ E-mail address

_____ Student Signature _____ (Area Code) Cell Phone _____ Date

Are you a first generation student?

_____ Yes (Answer YES if neither parent has a college degree)
_____ No (Answer No if one or both parent (s) has a college degree)

I hereby authorize Trine University to release academic deficiency, grade, and attendance reports to the person(s) named below.

PARENT INFORMATION

_____ **PRINT** - Parent /Guardian(s) Name

_____ Address, City, State, and Zip Code

_____ E-Mail Address & Phone Number

_____ Second Parent/Guardian(s)

_____ Address, City, State and Zip Code

_____ E-Mail Address & Phone Number

**RETURN THIS FORM TO D. MCHENRY, UNIVERSITY CENTER
1ST FLOOR LIBRARY LINK ACADEMIC SUCCESS CENTER**