



TRINE UNIVERSITY  
AUTHORIZATION RELEASE FORM



FOR ACCESS TO STUDENT  
ACADEMIC PROGRESS AND ATTENDANCE REPORTS

*This form is valid from Fall 2018 through Summer 2019*

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 30, 2019**. 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**

\_\_\_\_\_ **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

**RETURN THIS FORM TO D. MCHENRY, UNIVERSITY CENTER  
1<sup>ST</sup> FLOOR LINK ACADEMIC SUCCESS CENTER**