



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

This form is valid from Fall 2019 through Summer 2020

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, 2020. 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.

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 (REQUIRED)

PRINT – Parent /Guardian(s) Name

Address, City, State, and Zip Code

E-Mail Address & Phone Number

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