



Office of the Registrar
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Wright State University
Student Authorization for Release of Information
(Not to be used to request an official transcript)

I, the below identified person, do hereby release the following records and/or information described below:

PRINT NAME

UID

SIGNATURE OF STUDENT

DATE

Name of person/organization information is to be released to and purpose of request.

I understand that this release will include all information in my student education record, which may include:

- **Grades**
- **Financial Account**
- **Judicial Affairs**
- **Class schedule**
- **Academic test results**
- **Placement Test Results**
- **Attendance Records**

A new authorization form will remain in effect for the current academic year and until the first day of the next academic year unless I specify otherwise in the space to follow:

I understand that this authorization may be withdrawn at any time in writing, except to the extent that action has been taken.

OFFICE USE ONLY		
_____ Campus Forwarding	_____ Staff Initials	_____ Date Processed