

RELEASE OF ACADEMIC RECORD

I hereby give Wycliffe College permission to release my academic records to the person/organization/diocese noted below when requested by them.

This will remain in effect until a written revocation of this release has been received by the Wycliffe College Registrar's office.

Release to: _____

Address: Street: _____

City: _____

Postal Code: _____

Student Name: _____

Date: _____

Signature: _____