

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

***This form is valid from fall 2017 through summer 2018***

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, 2018. *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  
1<sup>ST</sup> FLOOR LIBRARY LINK ACADEMIC SUCCESS CENTER**