



# SEATTLE UNIVERSITY

## OFFICE OF THE REGISTRAR

901 12<sup>th</sup> Avenue  
P.O. Box 222000  
Seattle, WA 98122-1090  
(206) 220-8030; Fax: (206) 296-2443  
E-mail: [registrar@seattleu.edu](mailto:registrar@seattleu.edu)

# EDUCATION RECORD: PERMISSION TO RELEASE

## RMRURFRC

FULFILLMENT OF THIS REQUEST IS AT THE DISCRETION OF THE REGISTRAR PER CURRENT FEDERAL AND UNIVERSITY POLICIES.

- Print in Ink -

### Purpose:

This form is used by Seattle University students to give permission to the University to release education record information, other than a transcript, to a third party. Use the Transcript Request form on SU Online to request a SU transcript. Transcripts from another institution must be obtained directly from that school. This is a one-time only release. Any future release to the same party will require a new form.

### Instructions:

Fill out this form and return it via US mail or fax, with a clear copy of your picture ID attached, or bring it in person to the Office of the Registrar at the Redhawk Axis desk (be prepared to show your picture ID).

Student ID Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Student Legal Name: \_\_\_\_\_ SU Email: \_\_\_\_\_@seattleu.edu  
Last First Middle

*I grant permission to Seattle University to release information as specified below to the recipient indicated on this form.*

► Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Education record information to be released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Purpose of release:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Recipient:

\_\_\_\_\_  
Last First Middle  
\_\_\_\_\_  
Organization/School  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

OFFICE USE ONLY Mailed on _____ By: _____
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