

Permission to Release Information

Student Name	SMU ID or SSN
Email	Phone

Purpose:

This form is to be used by Saint Martin's University students to give permission to a third party for full access to the records of the student during the effective dates listed on the form, as long as that third party can provide to SMU, the relationship to the student and the password assigned specifically for him/her. Student records may include academic performance (such as grades and GPA), class schedule, requesting enrollment verification and/or transcripts. The release of this information to the third party will follow the standards and practices of the Registrar's Office, which is responsible for maintaining the current student's academic record.

Directions:

- Fill out this form in ink and return it via US mail or fax (include a clear copy of your picture ID) or bring it in person to the Office of the Registrar (be prepared to show your picture ID)
- Assign a different password for each person. The password should be one that will be difficult to trace to you and must be between 6-9 characters. (Please do not use the number zero or the number 1 to avoid confusion with similar letters)
- If you assign an end date, the access will end on that day. Unless another form is submitted no further access will be granted.
- All start and end dates must include month, day, and year (mm/dd/yyyy)

I have read and understand the purpose and directions stated above. I agree to let Saint Martin's University release information as outlined above. I also understand that if the "end date" is left blank, this access will remain in effect until rescinded in writing by me.

Student Signature _____ Date _____

The following person(s) have access to my academic records:

Name				
Relationship to student			Password	
Effective dates: Start	(mm/dd/yyyy)		(mm/dd/yyyy)	_
Name				
Relationship to student			Password	
Effective dates: Start	(mm/dd/yyyy)	End	(mm/dd/yyyy)	_