

COLLEGE of CHARLESTON

OFFICE OF THE REGISTRAR

STUDENT INFORMATION RELEASE FORM

This release form is in compliance with the "Buckley Amendment"—The Family Educational Rights and Privacy Act of 1974." Information specified can only be released with written approval of the student.

Student Name: _____ Student ID Number: _____
Last First

I, _____, hereby request that the following faculty member write a letter of reference concerning my performance in his/her class(es) or other college sponsored activities:

Faculty name _____
Department _____
Course(s) taken with faculty member _____
Other activities: _____

This letter of reference is to be sent to the following:
(Individual names and/or business names or institutions)

This information is to be released (Date): _____

Grades/GPA may be released in letter: Yes _____ No _____

NOTE TO STUDENT: You must attach a copy of your Degree Audit with this form.

Student's Signature

_____/_____/_____
Date