

# STUDENT CONSENT FOR RELEASE OF RECORDS AND TRANSCRIPT REQUEST

**CROWDER COLLEGE**  
601 LACLEDE  
NEOSHO, MO 64850

Transcripts **WILL NOT** be issued for a student who has defaulted on a student loan, a student who has not completed the Exit Survey with Financial Aid, or a student who has an outstanding debt to Crowder College.

## STUDENT INFORMATION

NAME \_\_\_\_\_  
Last First Middle

FORMER NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

SOC. SEC# \_ \_ - \_ - \_ \_ \_ \_ \_ DATE OF BIRTH \_ \_ / \_ \_ / \_ \_ \_ \_ \_

<b>Record Release</b> <input type="checkbox"/>	<b>Transcript Request</b> <input type="checkbox"/>
<b>SEND TO:</b>	<b>CHECK ONE BOX BELOW:</b>
INSTITUTION: _____	<input type="checkbox"/> Please mail immediately
ATTN: _____	<input type="checkbox"/> I will pick-up the transcript
ADDRESS: _____	<input type="checkbox"/> Hold for current semester's grade(s) _____
_____	<input type="checkbox"/> Hold for a grade change in _____ _____
CITY, STATE _____ ZIP _____	<input type="checkbox"/> Hold for _____ _____ degree/certificate to be posted

Under Federal Legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian. Federal law requires transcript requests MUST be made in writing and be signed by the student. The first copy is mailed without charge. Additional copies cost \$2.00 each or \$5.00 to fax.

I, therefore, request that my transcript or records be released:

Signed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Student