Castleton
A VERMONT STATE COLLEGE

REQUEST FOR RELEASE OF INFORMATION

This request is for a "one-time" release of information.

STUDENT INFORMATION

_____ _____

Last name First MI Student ID or last 4 digits of SSN

In accordance with the Family Rights and Privacy Act of 1974, as amended, this form constitutes written consent from the student to disclose personally identifiable information from his/her education record to the party listed below for the purposes specified. Furthermore, the receiving part is cautioned that they may not release this information to any other parties without additional written consent of the student.

I hereby grant permission for Castleton State College to release to:

_____

Name of Person or Organization

_____

Complete Address

_____

City State Zip

the following information or records pertaining to me:

_____ Enrollment status

_____ G.P.A. for previous semester

_____ Other (please specify) _____

for the purpose of:

_____ Student loan deferment

_____ Scholarship Application

_____ Verification for Auto Insurance

_____ Verification for Medical and/or Dental Insurance

_____ Other (please specify) _____

STUDENT SIGNATURE: _____ DATE: _____

Return this form to:

Student Services Center
Woodruff Hall
62 Alumni Drive
Castleton, VT 07735

Student Services Office Use Only:

Rec'd by: _____ Date: _____

Proc by: _____ Date: _____