



RELEASE OF STUDENT INFORMATION

This form is to be used by either the student or their parents to authorize campus officials to release the student's transcript or other non-directory information to a third party. If initiated by the student, complete section I. If initiated by the parent/guardian, complete section II and provide the registrars office with a copy of most recent tax return.

Student Name (Last, First, MI)	Student ID (SSN)	Date of Birth
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I. If INITIATED BY STUDENT, COMPLETE THIS SECTION

I hereby release my academic information (transcript, grades, financial aid info) to the following individual(s) upon request:

_____	_____
Full name	Relationship
_____	_____
Full name	Relationship

Please note that this will be effective until you notify the Registrar's Office that you no longer wish to have your information released.

_____	_____
Student Signature	Date

II. PARENT/GUARDIAN COMPLETE THIS SECTION

I certify that the student listed above is currently dependent on me and has been claimed by me (as a parent or guardian) for a federal tax exemption for tax year (indicate year) _____. I request that a copy of their Dixie State College transcript or other non-directory information be made available to me upon request.

_____	_____	_____
Parent/Guardian Signature	Printed Name	Date

Guidelines:

- There is a \$4.00 charge to receive a transcript. No charge to receive semester grades.
- Grades/transcripts are mailed to the student's permanent address as shown in the Dixie student database. A current permanent address must be maintained by your dependent.
- A student has the legal authority to notify the Registrar's Office that they are no longer your dependent for federal income tax purposes. Once this notification is on file, their academic information will no longer be released.
- A copy of your most recent tax return is required in order to honor this request (if submitted by parent).
- Please deliver, mail, or fax (435-656-4005) this form to the address listed at the bottom of this form. Note that if you mail / fax, a copy of your identification (e.g. drivers license) will need to be included.

Office Use Only

<input type="checkbox"/> Parent/Guardian identity verified	Received by: _____	Date: _____
<input type="checkbox"/> Student identity verified (if appropriate)	Processed by: _____	Date: _____
<input type="checkbox"/> SPACMNT form		