



Authorization to Release Non-Directory Information

NOTE: You may print this form, complete it and fax or bring it to the Registrar's office; however, all requests MUST be accompanied by a copy of your driver's license or other official identification that includes a signature.

I hereby authorize Missouri Southern State University to release all educational records.

RELEASE TO:

(Name)

(Address)

(City, State, Zip)

Print Student Name: _____

Signature of Student: _____

Student Identification Number: _____

Date: _____

This consent will remain in effect from the date indicated above until the Office of the Registrar receives written authorization to remove it as long as the student is enrolled at MSSU.

Mail this form with identification to:
Missouri Southern State University
Registrar's Office
3950 E. Newman Road
Joplin, MO 64801

Or fax with identification to:
Registrar's Office
(417) 625-3117

*****Office Use Only*****

Comment has been added to SPACMNT by _____ Date _____