

MISSOURI SOUTHERN STATE UNIVERSITY

Office of Academic Outreach

Dual Credit/Dual Enrollment: Authorization to Release Non-Directory Information

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

Print Student Name: _____

Signature of Student: _____

Student Identification Number: _____

Date: _____ Date of High School Graduation (mm/dd/yyyy): _____

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

RELEASE TO: _____
Name of Parents/Legal Guardians

Street Address _____ City _____ State _____ Zip Code _____

RELEASE TO: _____
Name of High School

The person named above needs to be able to answer one of the security questions below in the case his/her identity must be verified over the phone. Please select a question and provide the answer in the space provided.

Student's favorite high school subject: _____

Student's favorite TV show: _____

Student's favorite movie star: _____

This consent will remain in effect as long as the student is enrolled at MSSU as a dual credit/dual enrollment student, or until the Office of Academic Outreach receives written authorization to remove it, or until the date of high school graduation listed above.

Mail this form with
identification to:

MSSU
Office of Academic Outreach
3950 Newman Rd
Joplin, MO 64801

Or fax with identification to:

Office of Academic Outreach
417/659-4028

Or scan/email to:

dualcredit@mssu.edu

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

Comment has been added to SPACMNT by _____ Date _____

THIS FORM WILL BE MADE AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST. IF YOU NEED ASSISTANCE, PLEASE CONTACT THE OFFICE OF ACADEMIC OUTREACH.