Saint Paul's College

Saint Paul's College
115 College Drive
Lawrenceville, Virginia 23868

STUDENT PERMISSION RELEASE FORM

Please print the name and current address of person giving permission.

_____

Last Name First Name Middle/Maiden Name ID#

_____

Street Address

_____

City State Zip Code

_____

Telephone Number

PRIVACY ACT: Grades can only be released with your written permission. Please sign and date.

_____

Signature Date

Name of person who can receive your grades.

_____

Signature of person receiving grades.

_____

TO BE COMPLETED BY REGISTRARS'S OFFICE STAFF

Processed By:_____on_____

Initials Date