



RELEASE OF INFORMATION AUTHORIZATION

Registrar and Academic Services Office

I hereby give South Dakota School of Mines and Technology authorization to release the information indicated to the following people: _____
for the _____*academic year. (**Specify ONE academic year only, i.e. 20xx - 20xy**)

IMPORTANT INFORMATION - PLEASE READ BEFORE YOU CONTINUE

- *This authorization expires at the end of each academic year, (summer, fall and spring semesters).**
- *Permission can be given for the entire form or for specific sections, to whomever you choose.**
- *All information authorized for release by signing this form is available by accessing WebAdvisor.**

ALL INFORMATION MAY BE RELEASED:

___ I hereby give South Dakota School of Mines and Technology the authorization to release ALL of my student educational information/record(s) to the individual(s) listed above.

CREDIT HOURS:

___ Number of Credit Hours
___ Current Academic Year
___ Previous Academic Year(s) _____

..If previous semester(s) are not specified only the current semester's credit hours will be given.

___ Total Number of Hours Completed To Date

I hereby give South Dakota School of Mines and Technology authorization to release the information indicated to the following people: _____

GRADE POINT AVERAGE (GPA):

___ GPA ***Please specify:**
___ Cumulative ___ Last Semester Completed ___
___ Other:

..If GPA is √'d and no other specifications are chosen ONLY the GPA from the last semester completed will be given.

I hereby give South Dakota School of Mines and Technology authorization to release the information indicated to the following people: _____

GRADES:

___*Grades for all classes ___*Grade(s) for the following classes: _____

****Grades cannot be communicated over the phone or via e-mail to anyone, including the student.***

I hereby give South Dakota School of Mines and Technology authorization to release the information indicated to the following people: _____

STUDENT ACCOUNT INFORMATION:

___ Student account: Includes balance and billing information

I hereby give South Dakota School of Mines and Technology authorization to release the information indicated to the following people: _____

OTHER: (Please be specific)

I hereby give South Dakota School of Mines and Technology authorization to release the information indicated to the following people: _____

****Must be signed in front of a SDSM&T representative****

Date: _____ ****Student Signature:** _____

****Student ID#:** _____ **Student Name (printed):** _____

IMPORTANT: *** Indicates required/mandatory information. If this form is not signed by the student, NO information will be released.*