RELEASE OF INFORMATION AUTHORIZATION/ CONSENT FORM

**Student ID: _____
Date: _____

**Student Name: _____ **Student Signature: _____
(please print)

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

By signing this *RELEASE OF INFORMATION AUTHORIZATION* form (above) I hereby verify the following:

- **I authorize South Dakota School of Mines and Technology to release my academic information, designated in the boxes checked below, to the following people:**

_____
(please print)

- **I have read the information in the box below.**

IMPORTANT INFORMATION - *PLEASE READ

*** This authorization will remain in effect until revoked or you leave SDSMT e.g. withdraw, graduate, etc.**
*** You can give permission 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

☐ **All academic information**

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

STUDENT ACCOUNT INFORMATION

☐ Includes account balance
☐ Billing Information

FINANCIAL AID

☐ All financial aid information
☐ Other _____

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.

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 will be given.*

OTHER *(please be specific)*

_____
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SOUTH DAKOTA SCHOOL OF MINES & TECHNOLOGY