



# AUTHORIZATION FOR RELEASE

University of Nebraska–Lincoln  
Office of the University Registrar  
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PO Box 880416  
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PHONE: 402-472-2030 | FAX: 402-472-0736 | EMAIL: REGISTRAR@UNL.EDU

## PRINT CLEARLY:

Student NUID or SSN	Student's Email	Student's Phone
<input type="text"/>	<input type="text"/>	(       )       -

Student's Full Name

I,  authorize  
the Office of the University Registrar to release my:

(Check all that apply)

<input type="checkbox"/> GPA	<input type="checkbox"/> Class Standing
<input type="checkbox"/> Class Rank	<input type="checkbox"/> Expected Date of Graduation <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Full/Part Time Status	<input type="checkbox"/> Other
<input type="checkbox"/> Number of Credit Hours	<input type="text"/>

## TO BE SENT VIA:

<input type="checkbox"/> Mail:	Name of person or organization <input type="text"/>
	Address Line 1 <input type="text"/>
	Address Line 2 <input type="text"/>
	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
<input type="checkbox"/> Email:	<input type="text"/>
<input type="checkbox"/> Fax:	<input type="text"/>

## STUDENT SIGNATURE:

\_\_\_\_\_  
Student Signature

/  /   
Date