



**SOUTHEAST MISSOURI  
STATE UNIVERSITY · 1873**

**Office of the Registrar**

**Mail or Email this Form to:**

Southeast Missouri State University  
Office of the Registrar  
One University Plaza, MS 3760  
Cape Girardeau, MO 63701  
Email: registrar@semo.edu  
Office: 573-651-2250

**Permission to Release Confidential Information**

This form has been provided for students who wish to allow an individual or individuals to obtain confidential information. Information may be obtained by the specified individual(s) by sending a *written request* to the Registrar's Office. There will be a two-day processing time upon receipt of the request. This form must be submitted by the student.

Student's Name: \_\_\_\_\_

Southeast ID Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Individual(s) authorized to obtain information: \_\_\_\_\_  
\_\_\_\_\_

**\*Information will only be released to the individual(s) named above.**

Release is valid from **(Specific Dates Required)**:

\_\_\_\_\_ to \_\_\_\_\_  
mo/day/yr mo/day/yr

Type of information to be released (ex: semester grades, hours enrolled, transcript):

\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**This release is not valid without the student's signature.**