



**SOUTHEAST MISSOURI**  
STATE UNIVERSITY · 1873<sup>®</sup>

**Office of the Registrar**  
**Mail or Fax this Form to:**  
Southeast Missouri State University  
Office of the Registrar  
One University Plaza, MS 3760  
Cape Girardeau, MO 63701  
Office: 573-651-2250

**Permission to Release Confidential Information**

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

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

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

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

\_\_\_\_\_

Individual or agency authorized to obtain information: \_\_\_\_\_

\_\_\_\_\_

Release is valid from: \_\_\_\_\_ 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.**

\*Information will only be released to individuals or agencies listed above.