

# Crowder College

Cassville • Neosho • Nevada • Noel • Webb City

## Student Consent for Release of Transcript

**NOTE:** Transcripts WILL NOT be issued for a student who has defaulted on a student loan, a student who has not completed the Exit Survey with Financial Aid, or a student who has an outstanding debt to Crowder College.

Name of Student \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Former Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

### Transcript Request

### CHECK ONE BOX BELOW:

#### Send To:

Please mail immediately

Institution \_\_\_\_\_

Please Fax Immediately

Attn: \_\_\_\_\_

I will pick-up the transcript

Address \_\_\_\_\_

Hold for current semesters grade(s), 20 \_\_\_\_\_

\_\_\_\_\_

Spring  Fall  Summer

City \_\_\_\_\_

Hold for a grade change in \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Fax No. \_\_\_\_\_

Hold for degree / certificate to be posted

Under federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

I, therefore, request that my transcript be released:

\_\_\_\_\_  
*Signature of Student*

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