



THE UNIVERSITY OF SOUTH DAKOTA

Release of Information Authorization Form

I hereby give _____ authorization to
release to

_____ the following
items in my education record:

- _____ Grades for all classes
- _____ Grade(s) for the following classes: _____

- _____ GPA
- _____ Class rank (applies to School of Law students only)
- _____ Other: _____

for the purpose of _____.

Date: _____ Student signature _____

Student ID#: _____ Student name (printed): _____