



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
- \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for the purpose of \_\_\_\_\_.

Date: \_\_\_\_\_ Student signature: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Student name (printed): \_\_\_\_\_