I hereby release my academic information (transcript, grades, financial aid info) to the following individual(s) upon request:

<table>
<thead>
<tr>
<th>Full name</th>
<th>Relationship</th>
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Please note that this will be effective until you notify the Registrar’s Office that you no longer wish to have your information released.

Student Signature ____________________ Date ______________

II. PARENT/GUARDIAN COMPLETE THIS SECTION

I certify that the student listed above is currently dependent on me and has been claimed by me (as a parent or guardian) for a federal tax exemption for tax year (indicate year) ___________. I request that a copy of their Sul Ross State University transcript or other non-directory information be made available to me upon request.

Parent/Guardian Signature ____________________ Printed Name ____________________ Date ______________

Guidelines:

• Transcripts are mailed to the student's permanent address as shown in the Sul Ross student database. A current permanent address must be maintained by your dependent.

• A student has the legal authority to notify the Registrar’s Office that they are no longer your dependent for federal income tax purposes. Once this notification is on file, their academic information will no longer be released.

• Please deliver, mail, or fax (432-837-8431) this form to the address listed at the bottom of this form. Note that if you mail/ fax, a copy of your identification (e.g. drivers license) will need to be included.

Office Use Only

___ Parent/Guardian identity verified
___ Student identity verified (if appropriate)
___ SPACMNT screen updated

Received by: ______________ Date: ______________
Processed by: ______________ Date: ______________

Sul Ross State University * Center for Enrollment Services * PO Box C-2 * Alpine, TX 79832 * Phone: (432) 837-8050