



STEVENS INSTITUTE OF TECHNOLOGY
ENROLLMENT SERVICES
EDUCATION RECORD RELEASE FORM

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STUDENT ID NUMBER

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

Items of information to be released: _____

Purpose for which the records may be disclosed: _____

The Information may only be released to the following listed persons or entities: _____

Single use:

☐

Continuous:

☐

I hereby grant authorization to Stevens Institute of Technology to release my above referenced education records to the parties listed on this form. It is my understanding that the party to whom the education record information is released may not disclose that information to any other party without my written consent. I understand that unless marked for single use this release is effective until revoked by me, either in person or by signed request to the Registrar's Office.

Student's Signature

Date

Please return completed form to the Registrar's Office, 10th FI Howe Center