



1120 N. Ocoee St., Cleveland, TN 37311  
(423) 614-8200

### Permission to Release Education Record\*

Requested By (Student/Alum):

Release To (Specific Recipient):

\_\_\_\_\_  
Last Name / First Name

\_\_\_\_\_  
Last Name / First Name

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
Organization/School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
City, State, Zip

Education record information to be released (please be specific with which information you are releasing):

\_\_\_\_\_  
\_\_\_\_\_

Purpose of release (please be specific):

\_\_\_\_\_  
\_\_\_\_\_

I give permission for Lee University to release the specified information to the specified recipient listed above. \*

Mail to recipient:

For pickup in Records Office by recipient (photo ID required):

Fax to recipient:  Fax # \_\_\_\_\_  
(area code) fax #

\_\_\_\_\_  
Student Signature / Date

\***Note:** For release of transcript (courses taken and grades earned), please use a Transcript Request form. For release of academic, billing, or directory information, please use the Consent to Release Form. Both of these forms are on the Lee University Records page at <http://www.leeuniversity.edu/records/transcripts-records.aspx>.

**Office Use Only**

Action Taken: Completed  Filed  Held  Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
By Whom