



**RELEASE OF ACADEMIC RECORD FORM**  
*Information must be typed directly on the form.*  
**(HANDWRITTEN FORMS WILL NOT BE ACCEPTED)**

*This form is to be completed by the student who is requesting a letter of recommendation or the release of academic records.*

Name (First, Last)

Name - at time of enrollment (if different)

Phone Number

Address, City, State, Zip

**A Record Release selection below is required.**

**Check:** \_\_\_\_\_ Entire Academic Record (*includes all the information listed below*)

**Or check all that apply:**

\_\_\_\_\_ Enrollment Status/Dates \_\_\_\_\_ GPA/Ranking \_\_\_\_\_ Program/Degree/Curriculum \_\_\_\_\_ Grades

\_\_\_\_\_ Faculty Evaluations \_\_\_\_\_ Disciplinary Action \_\_\_\_\_ Date Degree was conferred

\_\_\_\_\_ Honors or Awards \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ I waive my right to review the Recommendation letter.

\_\_\_\_\_ I do not waive my right to review the Recommendation letter.

**Date needed** \_\_\_\_\_

**Mail/Email to:**

Name/Address of recipient \_\_\_\_\_

Email Address: \_\_\_\_\_

**Last date of attendance:** \_\_\_\_\_ (enter "current" if presently enrolled)

Signature of Student (**Protected Electronic or Physical Signature Required**)

Date (**required**)

Return form to: (Seminary Students) Registrar: [michelle.hatcher@spst.edu](mailto:michelle.hatcher@spst.edu)  
or Associate Dean of Student Affairs: [margaretta.narcisse@spst.edu](mailto:margaretta.narcisse@spst.edu)  
(Course of Study Students) COS Registrar: [jennifer.smith@spst.edu](mailto:jennifer.smith@spst.edu)

Mail request to: Saint Paul School of Theology, 13720 Roe Ave, Building C., Leawood, KS 66224

**For Office Use Only:**

Date Request Received: \_\_\_\_\_ Date Returned: \_\_\_\_\_