



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

Date of Birth

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

_____ Faculty Evaluations _____ Disciplinary Action _____ Date Degree was conferred

_____ Honors or Awards _____ Grades _____ Other _____

_____ I waive my right to review the Recommendation letter.

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

Date needed _____

I give permission to Saint Paul School of Theology to release the above selection of my academic record to:

Name 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
(Course of Study Students) COS Registrar: jennifer.smith@spst.edu

For Office Use Only:

Date Request Received: _____ Date Returned: _____