

Hobart and William Smith Colleges
Office of the Registrar

STUDENT REQUEST TO RELEASE GRADE INFORMATION

I, _____, a current student at
(Please PRINT first and last name here)

Hobart and William Smith Colleges, hereby authorize the release of my final grades each semester to the person(s) identified below at the addresses indicated.

Parent(s) or Guardian(s):

Parent(s) or Guardian(s):

Name(s) Name

Address Address

City State Zip City State Zip

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Home Telephone Number Home Telephone Number

Note: Students have the right to revoke this request at any time. However, the request must be made in writing and bear the signature of the student. Parents will be notified.

Signature of Student Authorizing Release: _____

Date: _____

THIS FORM MUST BE PROPERLY COMPLETED AND RECEIVED BY THE REGISTRAR PRIOR TO THE RELEASE OF INFORMATION. THIS FORM WILL BECOME PART OF THE STUDENT'S PERMANENT RECORD.

FORM SHOULD BE FORWARDED TO:
Hobart and William Smith Colleges
Office of the Registrar
Gulick Hall
Geneva, New York, 14456