



UNIVERSITY OF CHARLESTON



OFFICE OF STUDENT SOLUTIONS
2300 MACCORKLE AVE., S.E., CHARLESTON, WV 25304
TEL. NO. (304) 357-4947
FAX. NO. (304) 357-4769

Release of Student Records

I, _____, give the Officials of the University of Charleston permission to discuss with my custodial parent/parents the following:

- Academic progress, including GPA and course grades.
- Financial Aid.
- Other (Please List) _____

Name of Student: _____

Address: _____

Custodial Parent Name(s) and relationship: _____

Student's Signature: _____

Date: _____

Office of Student Solutions Use
Only

This request was processed:
Date _____ Initial _____