

# STUDENT RELEASE FORM

Mississippi State University  
Office of the Registrar  
P.O. Box 5268  
Mississippi State, MS 39762-5268  
Phone: 662-325-2022 Fax: 662-325-1846  
www.msstate.edu/dept/registrar

I AM LISTED AS A DEPENDENT ON THE FOLLOWING INDIVIDUAL'S TAX FORM:

Father                       Mother                       Father & Mother                       Guardian

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

STUDENT'S FULL NAME: \_\_\_\_\_  
Last First Middle

STUDENT NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Pursuant to the "Family Education Rights to Privacy Act of 1974 and the Mississippi State University Academic Records Policy (AOP) number 12.13 governing the release of information on students, I hereby authorize the release of my academic record to the following individual(s) (please list separately). This authorization is effective until December 31 of the year in which the student reaches his or her 24th birthday or at such time the student removes release authority in writing to the University Registrar.

## FATHER/GUARDIAN TO RECEIVE ACADEMIC RECORD INFORMATION

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Last First

MAILING ADDRESS: \_\_\_\_\_  
Street Address Apt. No.

\_\_\_\_\_  
City State ZIP PHONE: \_\_\_\_\_  
A/C Number

## MOTHER/GUARDIAN TO RECEIVE ACADEMIC RECORD INFORMATION

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Last First

MAILING ADDRESS: \_\_\_\_\_  
Street Address Apt. No.

\_\_\_\_\_  
City State ZIP PHONE: \_\_\_\_\_  
A/C Number

## OTHER/GUARDIAN TO RECEIVE ACADEMIC RECORD INFORMATION

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Last First

MAILING ADDRESS: \_\_\_\_\_  
Street Address Apt. No.

\_\_\_\_\_  
City State ZIP PHONE: \_\_\_\_\_  
A/C Number