

Release of Information Form

Wheaton College

Norton, MA 02766

The Filene Center for Academic Advising

& Career Services

Phone: (508) 286-8215

Fax: (508) 286-5621

Office of the Registrar

Phone: (508) 286-8247

Fax: (508) 286-8276

(Please print legibly)

Name _____ ID Number _____ Class Year _____

I.

"I, _____, hereby give permission to members of the Academic Advising and the Office of the Registrar to share information concerning my academic record at Wheaton College with:"

1. Name(s): _____

Address: _____

Telephone: _____

2. Name(s): _____

Address: _____

Telephone: _____

II.

"I do _____ / I do not _____ authorize Wheaton College to release my grade report to be sent to the above named person(s) each semester."

Signature

Date