LEE UNIVERSITY
Academic Affairs

Office of Records
1120 N. Ocoee St., Cleveland, TN 37311
(423) 614-8200

Permission to Release Education Record*

(*The purpose of this form is to release a piece of your education record. It is not to be used to request your transcript, i.e., academic history. See notes at bottom of this form.)

Requested By (Student/Alum):

_____
Last Name / First Name

_____ _____
Student Identification Number Date

_____
Social Security #

_____
Cell # and Email Address

Release To (Specific Recipient):

_____
Last Name / First Name

_____
Organization/School

_____
Address

_____
City, State, Zip

Education record information to be released (please be specific with which information you are releasing):

_____

_____

Purpose of release (please be specific):

_____

_____

I give permission for Lee University to release the specified information to the specified recipient listed above.

Please choose one delivery method:

- ☐ Mail to recipient (Address):_____
- ☐ For pickup in Records Office by recipient (photo ID required):
- ☐ Fax to recipient: Fax #_____
  (area code) fax #

_____
Student Signature / Date

***Notes:**

- * To release your Lee University transcript (courses taken and grades earned) click this link, or go to www.leeuniversity.edu, scroll down, click Transcripts & Records, then follow the prompts to request your transcript online.
- * To release directory information or to release academic and billing information to your parent(s), use the Consent to Release Form on the Lee University Records page at http://www.leeuniversity.edu/records/transcripts-records.aspx

For Office Use Only

Action Taken: ☐ Completed ☐ Filed ☐ Held ☐ Other _____ _____
Date By Whom