



(11/21)

Permission to Release Education Record

***Note:** For release of transcript (courses taken and grades earned), **please order online at:** <https://www.parchment.com/u/registration/33251/institution>. **Disciplinary Record Requests** will be forwarded to the **Student Development Department**.

You can send the completed form to **records@leeuniversity.edu**, fax to **423-614-8204**, or mail this to: **Records Office - 1120 North Ocoee Street - Cleveland, TN 37311**

Requested By (Student/Alum):

Release To (Specific Recipient):

Last Name / First Name

Last Name / First Name

Student Identification Number

Organization/School

Date

Address

City, State, Zip

Education record information to be released (please be specific):

Purpose of release (please be specific):

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

Student Signature

/ _____
Date

Office Use Only

Action Taken: Completed ☐ Filed ☐ Held ☐ Other ☐

Date

By Whom