Consent and Authorization to Release Information
Missouri University of Science and Technology
Office of the Registrar

I, ___________________________ (printed name), hereby authorize the Missouri University of Science and Technology to release information connected to my progress as a student. I understand and agree that this may include:

- My major field
- My cumulative GPA
- My awards and/or organization participation
- Any general comments on my contributions to the University.

I understand this information will be released to the Division of University Advancement to be used exclusively for the following purpose:

Reporting to scholarship’s donor/s on an annual basis.

Signature ___________________________ Date ________________

Student ID ___________________________

This form should be returned to:
Donor Relations
Missouri University of Science and Technology
216 Castleman Hall, 400 W. 10th Street
Rolla, MO 65409
Office: (573) 341-6685
Fax: (573) 341-6091
alumni@mst.edu