



Consent and Authorization to Release Information

Missouri University of Science and Technology
Office of the Registrar

103 Parker Hall
300 West 13th Street
Rolla, MO 65409-0930
Phone: (573) 341-4181
fax: (573) 341-4362
registrar@mst.edu
<http://registrar.mst.edu/>

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