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 individual course grades
• My anticipated and/or actual graduation date
• My awards and/or organization participation
• My final transcript
• Any general comments on my contributions to the University

I understand this information will be released to the Department of Defense to be used exclusively for the following purpose:

Utilization of Tuition Assistance at Missouri S&T

Signature ________________________________ Date ____________________

Student ID ______________________________

This form should be returned to:

Registrar's Office
Missouri University of Science and Technology
103 Parker Hall, 300 W. 13th Street
Rolla, MO 65409

Fax: (573) 341-4362
Email: registrar@mst.edu