

Section 1
Student

_____ **Student Name**

_____ **Student ID**

Section 2
Institution

_____ **Former Institution Name**

_____ **State**

_____ **Institution Website**

_____ **Student ID at former Institution**

_____ **Last Enrolled (fall/spring/summer and year)**

Section 3
Signature

I understand and acknowledge that:

- * In accordance with the Family Educational Rights and Privacy Act (FERPA), I understand that my educational records cannot be released without my written permission.
- * I authorize the release of my academic records from Saint Louis University to the above listed institution, and the release of any additional academic records from the listed institution to Saint Louis University for the purposes of credit evaluation to determine the awarding of an associate's degree from the listed institution.
- * I understand that I have the right to rescind this release agreement related to releasing my academic records at any time by notifying the Office of the University Registrar at Saint Louis University in writing.

_____ **Student Signature**

_____ **Date**

Form Procedures