



UNIVERSITY OF SOUTH CAROLINA BEAUFORT

Office of the Registrar

RELEASE OF STUDENT ACADEMIC INFORMATION

Student Name: _____

Student ID Number: _____

USCB Email Address: _____

I hereby authorize the Office of the Registrar to release grades and any other academically related information to the following individuals:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

(Please print the full name and date of birth for each individual who will receive this access)

By signing this form, the student understands that all academic information may be released to the person(s) listed above. If the student wishes to **restrict** any access to the named individuals, please list these **restrictions** below (i.e. grades, ID number, class schedules, etc.):

Student Signature: _____ Date: _____

USCB Employee Signature: _____ Date: _____

NOTE: If submitting in person, student must provide photo I.D. at the time of submission, and USCB employee witness must also sign. If not submitting in person, this form must be notarized below.

The state of _____

(SEAL)

County of _____

Sworn before me, this _____ day of _____, A.D. 20 _____

Notary Public: _____

My Commission Expires: _____