

## NORTH CAROLINA CENTRAL UNIVERSITY

Office of the University Registrar

## AUTHORIZATION TO RELEASE STUDENT INFORMATION

I,	, Banner ID #,
Authorize the appropiate University offices inc	luding the Office of the University Registrar to mail or
otherwise release information about my acaden	nic progress at NCCU to the person(s) listed below at the
address(es) listed below. I understand that this	authorization will remain in effect until such time as I retract
the authorization in writing.	
PERSON TO WHOM GRADES MAY BE RELEASED	PERSON TO WHOM GRADES MAY BE RELEASED
STREET ADDRESS	STREET ADDRESS
CITY, STATE AND ZIP CODE	CITY, STATE AND ZIP CODE
ST	UDENT'S SIGNATURE
SIG	GNATURE OF WITNESS
	DATE

102 Hoey Administration Building, 1801 Fayetteville Street, North Carolina 27707