

**American International College
Office of the Registrar**

REQUEST TO RELEASE ACADEMIC RECORD INFORMATION

(To Parent)

I, _____, a student enrolled at American International

(Student's name, Please print.)

College, hereby authorize the College to release my academic record (each semester of my active enrollment at American International College) to the person(s) identified below. This authorization also allows my advisor to discuss my academic record with the person(s) identified below. (The academic record includes course grades, academic standing, academic progress, semester GPA and cumulative GPA.)

Parent(s) or Guardian:

Parent(s) or Guardian:

Name(s)

Name(s)

Address

Address

City State Zip

City State Zip

Parent(s) home telephone number

Parent(s) home telephone number

Signature of Student Authorizing Release

Date

Student's Social Security Number

Students have the right to revoke this request at any time; however, the request must be made in writing and bear the signature of the student. Such requests must be directed to the Registrar.

This form must be properly completed and received by the Registrar prior to the release of information. This form will become part of the student's permanent record located in the office of the Registrar.

Forward this form to: American International College

Office of the Registrar, 1000 State Street, Springfield, MA 01109