

I	authorize	
(full name)		(name of university or college)
to release information re	egarding my enrollment a	nd grade point average (GPA).
(date)	(signature of applicant)	
To be completed by col	lege/university official.	
(n sophomore	ame of student)	
junior		
senior		
and has completed	_ college hours with a GP	A of on a 4-point scale.
at (name of college/un	niversity currently attending	<u></u> . g)
	(college/univers	sity address)
(date)	(sign	nature of college/university official)
	(official college/un	iversity stamp)