



Permission to Release Non-Public Information

The Family and Educational Rights and Privacy Act of 1974 (as amended in December 1974) provides that the release of education records (or personally identifiable information therein, except for public directory information) without the written consent of the student will not be made. In order that GVSU may comply with the law, please provide the information requested below and sign this request form.

Please send forms to our email (regdept@gvsu.edu), fax number (616-331-2000), or our mailing address:

GVSU Registrar's Office
150 Student Services
1 Campus Drive
Allendale, MI 49401

Name: _____ Student G#: _____
First Middle Last

Permanent Address: _____

City State ZIP Code

Date of Birth: _____ Daytime Phone Number: _____

Please specify what information you would like released and the purpose of this disclosure. **Note:** if you are requesting enrollment verification, please include the semester(s) you need verified.

ALL DOCUMENTS, RECORDS, REPORT CARDS AND TRANSCRIPTS PERTAINING TO THE EDUCATION AND
AND SCHOLASTIC ABILITY OF PLAINTIFF, ALL OFFICE, DISCIPLINARY AND SCHOLASTIC RECORDS, IEP RECORDS,
ABSENCE RECORDS, MEDICAL RECORDS, INCIDENT REPORTS, TEACHER COMMENTS CONNECTED

Person to receive information:

Name: Legal-Ease Digital Imaging LLC

Address: 2496 Meadowcroft Dr OR Fax Number: 810-547-4030

City, State, ZIP: Burton, MI 48519 OR Email: pat.legalease@gmail.com

Student Signature: _____ Date: _____