

**NORFOLK STATE UNIVERSITY
RELEASE OF INFORMATION AGREEMENT**

I, _____, authorize
 First Name Middle Initial Last Name

Norfolk State University to release information concerning my academic grades, financial standing, and any disciplinary matters for the tenure of my enrollment with Norfolk State University, to the person(s) listed below.

Release to:

(1) _____
 (Print Name)

(2) _____
 (Print Name)

(3) _____
 (Print Name)

Student's Signature: _____

ID # _____ Date _____

** Please forward to the Office of the Registrar at registrar@nsu.edu **

Note: First semester students (students who are new to the university) must be registered for classes in order for the information provided to be entered onto your student profile.