



Office of the Registrar

36600 Schoolcraft Road  
Livonia, MI 48150-1176  
(734)432-5400 Fax (734)432-5405

### Permission to Release or Opt-out of Directory Release of Education Record Information

Requested By (Student):

Release To (Recipient):

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Relationship or Organization/School

\_\_\_\_\_  
Effective Period (List the semester, date or range of dates)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Education record information to be released (i.e. grades, account balance, any/all, etc.):

Purpose of release (i.e. general, letter of recommendation, enrollment verification, etc.):

Choose one of the following:

- I give permission for Madonna University to release the specified information to the recipient listed above,

OR

- I wish to opt-out of the directory release of my information (this shall remain in effect until one year after I graduate or stop attending or I revoke this request in writing).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date