

# RELEASE of INFORMATION / ACADEMIC VERIFICATION

Avila University, Registration and Student Records Office  
11901 Wornall Road, Kansas City, Missouri 64145  
• 816-501-2410 phone • 816-501-2452 fax • www.Avila.edu

Name: \_\_\_\_\_  
Last First Middle

Avila ID # or SSN: \_\_\_\_\_ Date Last Attended: \_\_\_\_\_

Telephone Numbers: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_  
(home) (work)

Email Address (if not a current student): \_\_\_\_\_

I authorize Avila University to release information as indicated below:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Today's Date

Print maiden or other Last Name/s used when attending Avila if different than above

## PICK-UP INFORMATION

### I would like to pick up my:

- ( ) Transcript Evaluation
- ( ) Grade Report
- ( ) Schedule
- ( ) Diploma
- ( ) Transcript
- ( ) Other \_\_\_\_\_

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### I would like to review my educational record

To view Educational Record (review only), an appointment must be made with the Registrar. Complete and sign top of form. Call 816-501-3608 to make an appointment. Requests will be honored within 45 days of receipt.

## ACADEMIC VERIFICATION

- ( ) Enrollment Status for Term/s: \_\_\_\_\_
- ( ) Classification \_\_\_\_\_
- ( ) Number of current semester hours \_\_\_\_\_
- ( ) Degree Program or Major \_\_\_\_\_
- ( ) Grade Point Average (GPA) \_\_\_\_\_
- ( ) Anticipated Degree Date \_\_\_\_\_
- ( ) Degree and Conferred Date \_\_\_\_\_
- ( ) Other \_\_\_\_\_

Please mail this information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or \_\_\_\_\_ call me at (\_\_\_\_) \_\_\_\_\_  
when it is ready to pick-up.