



University of Kentucky  
College of Law Registrar  
Room 123, Mandrell Hall

## Consent to Release Information on Academic Record and Progress

I, \_\_\_\_\_, consent to the release of information  
(Name)

in my academic record for my personal use, including non-directory information. I am requesting the following information:

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Upon receipt of this request, the designated school official may send the requested information above back to me at:

\_\_\_\_\_  
(Fax number, email/mailling address, or telephone number)

Please note: This consent must include a personal signature; electronic signatures will not be accepted.

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

Student ID Number \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_