AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS

(Complete and sign both copies below)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized University Official: University Registrar

Records may be released to:

U.S. Army ROTC Instructor Group, Sr. Division

224 Military Building, 320 Stanger Street

Blacksburg, VA 24061-0207

(540) 231-6401

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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