

Indiana University Southeast  
**Grade Release Card**

I, \_\_\_\_\_, allow the Office of  
(name of student – please print) Campus Life to check my  
grades and obtain other information from my university records  
as requested. I do further agree to release this information to

\_\_\_\_\_  
(Name of group (s))

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Campus ID #: \_\_\_\_\_

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