Organizational Information/Verification Request

We, the undersigned, give permission for the Registrar's Office at Truman State University to provide

_____ to _____
(information requested: enrollment status, cumulative or semester gpa, etc) *(name of requestor)*

for the purpose of _____. This request is related to our involvement in
(verifying eligibility to participate in organization, etc.)

_____. Our campus advisor is _____.
(name of organization or activity)

Student Name (Please Print)	Student Signature	Student ID	Office Use Only
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To be completed by Requestor:

I understand that the information provided may be used only for the purpose indicated above. I also understand that any misuse or disclosure of the information above, or any misrepresentation or forgery in the names listed above, may result in disciplinary action under the Student Conduct Code.

_____ _____
(name) *(date)*

Signature of Registrar: _____ **Date:** _____