



**Social Work Program
Release of Information**

Printed name:

Graduation semester/year: _

I authorize the Minot State University Social Work program to release the following document(s) from my student record. I acknowledge that if I graduated more than five years ago, my record will no longer be available for release. (Documents might include Reference Letter, Field Learning Evaluation, etc.).

Document(s) to be released:

To Whom document(s) should be released (e.g. potential employer, graduate school):

Name:

Indicate preference for document delivery:

Mailing address:

Email address:

Fax number:

Signature:

Date: