



**Social Work Program**  
**Release of information**

Printed name: \_\_\_\_\_ Graduation 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 eight years ago, my record will no longer be available for release.

Document(s) to be released: \_\_\_\_\_

To Whom document(s) should be released (student, Grad school, etc.):

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

Indicate **ONE** preference for document delivery:

Mailing address:

\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

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

Email completed form to: [Rebecca.daigneault@minotstateu.edu](mailto:Rebecca.daigneault@minotstateu.edu)