



Office of the Registrar

Transcript Release Authorization Form

Student Information

Full Name: \_\_\_\_\_ Rhodes ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Rhodes Email Address: \_\_\_\_\_

Recipient Information

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

Contact Person (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Delivery Method

☐ Mail ☐ Pick-up

Purpose of Release

☐ Employment

☐ Scholarship Application

☐ Graduate School Application

☐ Other: \_\_\_\_\_

Authorization Details

I hereby authorize **Rhodes College** to release my academic transcript to the organization listed above. I understand that this release includes all academic records unless otherwise specified.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to Rhodes Express in Burrow Hall or email to  
[express@rhodes.edu](mailto:express@rhodes.edu).