

Release of Information Form

Name: _____

Social Security: _____

Address: _____

City, State & Zip Code: _____

County (for Kentucky residents only): _____

Phone: _____

Fax: _____

E-mail: _____

Date last attended MSU: _____

Estimated number of hours completed (must be 60 to enter BIS program): _____

Any other names records could be under: _____

Field of Study interest: _____

I give permission for the Registrar's Office to release my advising information, including MAP (transfer equivalency) report, MSU transcript, and transfer evaluations to the Continuing Education Department/BIS Adviser.

Signed: _____

Date: _____

Please submit completed form to:
ATTN: Tammy Thompson
Continuing Education/Academic Outreach
Murray State University
303 Sparks Hall
Murray, KY 42071
Or by fax 270-809-3593

BIS OFFICE USE:

Date recv'd: _____

BIS Adviser: _____

Date forwarded: _____