

Alvernia University
Authority to Release Information & Records

I, _____, hereby authorize Alvernia University to
release any academic information that is required for:

Print Name

Enrollment Verification Letter

For the semester(s) of: _____

Expected date of graduation: _____

Degree Verification Letter

Date: _____ Social Security: _____ ID: _____
optional

Send to home address

Mail or Fax to:

Revised 9/09