



Millersville University
WARFEL CENTER
FOR INTERNATIONAL
PROGRAMS & SERVICES

RELEASE OF INFORMATION FORM

This form is to be used to authorize the Registrar's office to report personal information to a home institution or sponsoring agency.

First Name, Middle Initial

Last Name

Student ID Number

Home Institution/Sponsoring Agency

Terms of Participation (select all that apply)

☐ Fall 20____ ☐ Winter 20____ ☐ Spring 20____ ☐ Summer 1 - 20____ ☐ Summer 2 - 20____ ☐ Summer 3- 20____

I authorize the Registrar's Office at Millersville University to report my registration, courses, credits, and academic standing to my home institution or sponsoring agency each academic term as long as I am participating in a program of study at Millersville University.

Signature

Date