Grade Release Form

By signing my name below, I hereby give the Student Affairs Office at Heidelberg University permission to supply information regarding my semester and cumulative grade point average to the following organization individual(s): Semester:_____ Year:_____

Organization:_____

Name:_____Position:_____

Name:_____Position:_____

(----------Students to complete this section ----------) (----Office use only! ------)

Print Name:	Signature:	Student ID #	Semester GPA	Cumulative GPA