Authorization to Release Educational Records

Student Name: __________________________________________

Last Four Digits of SS#: _______________________

Birth Date (MM/DD/YY): _______________________

School Attending (circle one):   SMU       MUA       SABA

Please send the documents below (where applicable):

- Undergraduate and Graduate Transcripts
- Letters of Professional Recommendation
- Resume
- MCAT, GRE, LSAT, GMAT, etc. scores

To whom do you want them released:

Davenport University
Attn: Cari Weymouth
6191 Kraft Ave
Grand Rapids, MI  49512
Phone: 616-233-3471
Fax: 616-554-5214
Email: cari.weymouth@davenport.edu

What is the purpose for the release:

Application to Graduate School

______________________________________ _______________________
Student Signature              Date