



## Authorization to Release Educational Records

Student Name: \_\_\_\_\_

Last Four Digits of SS#: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_\_

School Attending (circle one):    SMU            MUA            SABA

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**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

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date