

Permission to Release Education Record Information

*Registrar's Office
Indiana Wesleyan University
4201 S. Washington St. Marion, IN 46953
(765) 677-2131*

Requested By (Student):

LAST NAME FIRST NAME M.I.

STUDENT IDENTIFICATION NUMBER

DAYTIME PHONE NUMBER

Release To (Recipient):

VanDuyne Dan
LAST NAME FIRST NAME

The Wesleyan Church
Education and Clergy Development
ORGANIZATION/SCHOOL

13300 Olio Rd Suite 100
ADDRESS

Fishers, IN 46037
CITY, STATE, ZIP

(317) 774-3911
DAYTIME PHONE NUMBER

Education record information to be released:

onsite hours
major

online hours
classification

cumulative GPA
cumulative credit hours

degree program
graduation status

Purpose of release: Ministerial Education Grant – The Wesleyan Church

My signature below releases Indiana Wesleyan University Registrar's Office to provide the information listed above for academic year _____, which includes Fall Semester, Spring Semester, May Term, and all Summer Terms.

STUDENT SIGNATURE

DATE