



## AUTHORIZATION TO RELEASE COURSE GRADE

While I am enrolled at Bluffton University in the:

- Organizational Management Program
- Accounting Degree Completion Program
- RN to BSN Degree Completion Program
- Graduate Programs in Business
- Graduate Programs in Education

I grant permission for the Registrar's Office to mail a copy of my grade(s) to the following address:

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

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

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

Please Print

Signed: \_\_\_\_\_

Student signature

Social Security #: \_\_\_\_\_

Direct request for grades to:

Bluffton University  
Registrar's Office  
1 University Drive  
Bluffton, OH 45817  
Phone: 419/358-3321  
Fax: 419/358-3323