

# Bluffton University

Office of Academic Affairs  
Registrar's Office

I hereby give permission to my professors, the registrar's office and any other academic officials at Bluffton University to share with \_\_\_\_\_, at their request, all relevant records pertaining to my academic success, including my current grades, progress on class assignments, class syllabi and all other possible measurements of my academic progress at Bluffton throughout my time as an undergraduate student at Bluffton.

I understand that a copy of this petition will be kept on file at the registrar's office.

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Student Signature

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Date