BRADLEY
UNIVERSITY
OFFICE OF THE REGISTRAR

RELEASE FORM FOR VERIFICATION

Student Name	Bradley ID Number

Last First M.I.

This request is for:

_____ Good Student Discount (Insurance)
_____ Grade Point Average (GPA)
_____ Loan Deferment ☐Fall ☐Spring ☐May or Jan ☐Summer *Approx Grad Date* ___/___/_____
_____ Other

I grant permission to Bradley University to release the above information to the addressee listed.

_____ ____/____/_____
Signature Date

Mail the above information to (if addressed envelope is not provided):

Name		
Address		
City	State	Zip

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