



*Because Providence Christian College is exploring teach-out agreements in connection with institutional closure planning, this form authorizes the Registrar's Office to release your official and/or unofficial transcript(s) and related enrollment/degree information by electronic delivery to teach-out partner institutions for purposes of transfer credit evaluation, enrollment, advising, and completion planning.*

**1) Student Information**

<b>Student Name (Last, First, MI)</b>	
<b>Student ID#</b>	
<b>Date of Birth</b>	
<b>Current Email</b>	
<b>Current Phone</b>	

**2) Records Authorized for Release (*check all that apply*)**

- Official transcript (complete academic record)
- Degree conferral status (if applicable)
- Enrollment verification and dates of attendance

**Note:** This authorization applies only to disclosures necessary to carry out the teach-out process (transfer evaluation, enrollment/advising, and completion planning). Check all for fewest hurdles.

**3) Teach-Out Partner Institutions / Articulation Partner Schools**

*I authorize Providence Christian College to release the records selected above by electronic delivery to:*

- Any institution with which Providence Christian College has an approved teach-out agreement or articulation agreement.

**4) Purpose of Release**

*This authorization is for (**check all that apply**):*

- Transfer credit evaluation and articulation
- Admissions/enrollment at teach-out partner institution
- Academic advising and degree completion planning
- Financial aid/VA/third-party benefit processing related to teach-out enrollment (as needed)

**5) Authorization Timeframe**

*This authorization remains valid (**check one**):*

- Until I complete a teach-out enrollment decision and records have been sent to the applicable partner institution(s).
- Through a specific date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- One-time release only (single transmission to: \_\_\_\_\_)

## 6) Student Certification and Acknowledgments

*By signing below, I authorize Providence Christian College to disclose the records selected above to the teach-out partner institution(s) and/or articulation partners schools described in Section 3. I understand the following:*

- I may revoke this authorization in writing at any time, except to the extent the College has already acted in reliance on it.
- Records may be disclosed electronically using secure methods appropriate to the College's teach-out process.
- The recipient institution may not be subject to FERPA once records are received and may re-disclose information in accordance with its own policies and applicable law.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date