



WAKE FOREST
UNIVERSITY

**THIS FORM IS ONLY REQUIRED IF YOU ATTENDED
ANOTHER UNIVERSITY WHILE ON CES FROM WFU.**

RELEASE AGREEMENT

*Please give this form to the Dean or administrative officer of the school you
have been attending while on Continuous Enrollment Status at
Wake Forest University.*

I, _____, hereby authorize the release of my academic and disciplinary record to
Wake Forest University.
Student full name, printed

Student's Signature Date

The student named above, who has attended your institution, has indicated his/her desire to resume full-time or part-time status at Wake Forest University. We would be grateful for your response to the following questions:

- Has the student been disciplined by your institution for any reason? If so, please explain.

- Has the student consistently been in good academic standing? If not, please explain.

Name of the University

Signature of University Official Date

Name (please print) Title

Please return this form to:

**Office of Academic Advising
Wake Forest University
P.O. Box 7225
Winston-Salem, NC 27109
Telephone (336) 758-3320
Fax (336)758-4548**