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*IMPORTANT: If we do not receive your consent form within 30 calendar days, your order will be canceled and your payment will be refunded.*

## Consent to Release Information from Education Records

The undersigned individual authorizes

Northwest Missouri State University

To release the official transcript of his/her education records as requested through the submitted electronic form.

Please print your name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Or email to: registrar@nwmissouri.edu**

**Or mail to:**

**Northwest Missouri State University**

**Office of the Registrar**

**800 University Dr., Maryville, MO 64468**