## McKay School of Education Education Student Services

## Release of Information: For Institutional Verification

	(Please fill in form & then print	<del>(</del> )	
First Name	Middle Name		ast Name
Maiden Name	Student BYU ID # (9 digits)	<u></u> Ph	none #
Street Address		City	State Zip
Email			
Major	Minor	<u> </u>	raduation Date
How would you like to r	receive the Institutional Verification	(check one):	
Name of person picking up  Please fax my Instutitonal  Name of Person or Instituti  Fax number:  Please mail my Institution	Verification form to the following:		
Street Address	ng sent to:City		te Zip
_	on Verification form to the following:	J	
	or vermeation form to the following.		
Please complete information	ion on the link provided by the following Sta	ate Department	of Education (DOE):
I authorize Brigham Young Unform.	niversity to release any and all information as r		s Institutional Verification
Signature		Date	

Please attach this page as a cover letter to the Institutional Recommendation Form and mail, fax, or hand deliver to: Education Student Services Brigham Young University 350 David O. McKay Building Provo, UT 84602 Phone: (801) 422-3426 Fax: (801) 422-0195 ess@byu.edu