

GWYNEDD-MERCY COLLEGE  
P.O. Box 901  
1325 Sumneytown Pike  
Gwynedd Valley, PA 19437

**Grade Disclosure Request Form**

*I give permission for Gwynedd-Mercy College to release my*

\_\_\_\_\_ *(education record information to be released)*

*to* \_\_\_\_\_  
*(name, address)*

*for (purpose)* \_\_\_\_\_

*Name (print):* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Action taken* \_\_\_\_\_  
*(date)* *(by whom)*