



MISSISSIPPI STATE UNIVERSITY™
THE GRADUATE SCHOOL

AGENT RELEASE FORM

Student Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Student E-Mail: _____ Phone Number: _____

Organization Name: _____

Direct Contact Person Within Organization : _____

E-Mail: _____ Phone Number: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

“I authorize the above agent/organization to provide and receive information on my behalf as it pertains to my graduate application.”

Student Signature: _____ Date: _____

Send This Form to gradapps@grad.msstate.edu.