

**Consent to Release/
Exchange Academic
Information**



I, _____, give permission for _____
(student name) (name of university official)

to release/exchange the following information(specify information to be released/exchanged):

The information is to be shared for the following purpose:

The information should be shared with _____
(name (s) with whom information is to be shared)

This information is to be transmitted by:

Telephone _____
(provide number)

E-mail _____
(provide address)

Mail _____

(provide address)

Fax _____
(provide number)

In person _____

I understand this authorization is in effect until I provide written notice to the Registrar's Office.

Student Name: _____

Student ID Number: _____

(student signature) (date)

For Office Use Only:
Received in the Registrar's Office: _____