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: ________________________________________________

Revised 12/2010