

**Consent to Release/  
Exchange 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: \_\_\_\_\_