



Authorization for Release of Information

Before releasing any information, we require an authorization signed by you. If you will complete the Authorization for the Release of Information, we will give immediate attention to this

I hereby authorize _____ to release information regarding my student records (Academic, Personal, Conduct)

To _____

Name

Address

Telephone Number

For the purpose of _____

Student's Name _____

Date (MM / DD/ YYY): __ / __ / ____

Email: _____

Phone Number: (____) ____ ____

Signature (Ink Only) _____

Form Valid through Jan-Dec 2016

Jan 5, 2016