GENERAL FACULTY - RELEASE OF INFORMATION

AUTHORIZATION TO RELEASE STUDENT INFORMATION

(print student name),, hereby authorize			
(print	faculty name) to release the information co	ntained in	
my academic record as specified to the third pa	arty or parties listed below.		
I understand that this authorization, unless alto	ered in writing by me, will remain in effect	until (please	
specify date)			
INFORMATION TO BE RELEASED INCLUDES	THE FOLLOWING:		
Performance			
Grades Attendance			
Other (please specify):			
PLEASE LIST INDIVIDUALLY THE THIRD PAR	TY OR PARTIES TO WHOM YOU ARE GRA	ANTING	
ACCESS TO YOUR ACADEMIC RECORD (inclu	ude name, address, and phone number for pa	arties	
designated, such as parents, guardians, academ	nic institutions, scholarship committees, high	school	
administrator and/or guidance counselor).			
I acknowledge that faculty may need to use th	nis information to verify the identity of this	third party	
at the time of communication.			
Name of Release Party	Name of Release Party	Name of Release Party	
Street Address	Street Address		
City State Zip code	City Sta	te Zip Code	
Phone Number	Phone Number		
SIGNATURE OF STUDENT			
STUDENT I.D. NUMBER	DATE		
I understand that I may change, amend, or reso	cind this authorization at any time by subm	itting a new	
written authorization to			