

GENERAL FACULTY - RELEASE OF INFORMATION

AUTHORIZATION TO RELEASE STUDENT INFORMATION

I (print student name), _____, hereby authorize
_____ (print faculty name) to release the information contained in
my academic record as specified to the third party or parties listed below.

I understand that this authorization, unless altered 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 PARTY OR PARTIES TO WHOM YOU ARE GRANTING
ACCESS TO YOUR ACADEMIC RECORD** (include name, address, and phone number for parties
designated, such as parents, guardians, academic institutions, scholarship committees, high school
administrator and/or guidance counselor).

**I acknowledge that faculty may need to use this information to verify the identity of this third party
at the time of communication.**

Name of Release Party			Name of Release Party		
Street Address			Street Address		
City	State	Zip code	City	State	Zip Code
Phone Number			Phone Number		

SIGNATURE OF STUDENT _____

STUDENT I.D. NUMBER _____ **DATE** _____

I understand that I may change, amend, or rescind this authorization at any time by submitting a new
written authorization to _____.