

Authorization for Disclosure of Information to Third Party

Departments should provide an authorization form for students who wish to request release of information from their records to a third party. (This model form may be adapted to reflect the type of student information maintained by the department.)

I, _____
(Print Student Name) (Student ID Number)

request that the following record(s):

Number of copies: _____

Be sent to:

Name: _____

Address: _____

Student Signature _____ Date _____

Optional

I request that an additional copy of this record be sent to me at:

Address: _____

A fee of ten (10) cents per page is charged for copies. All copies are printed on 8-1/2 x 11-inch standard white paper with black print.

Record sent as requested:

By: _____ Date: _____
Records custodian