



Release of Student Records

By signing this form, I give permission for release of specified information to the third party listed below. I understand that this release is only **valid for the specific occasion of this request and expires 2 weeks from the date signed.**

Student Information

Name

ID number

Date of Birth

Phone number

Department

Form of Record Release (please check all that apply):

- Telephone Conversation
- Email
- In-person Meeting
- Documents (please specify):

Scope of Record Release (please check all that apply):

- Academic Progress / Standing
- Graduation Standing
- Documents (please specify):
- Other (please describe):

Date(s) and Time(s) of Meeting:

Third Party Information

Name

Phone Number

Relationship to Student

Additional Notes:

Student Signature

Date