PERMISSION TO RELEASE INFORMATION ABOUT ACADEMIC RECORD

I give my permission for my academic advisor ____________________________ (print name) to give information about my academic record to

__________________________________________.

Name and/or title of person(s) to whom information may be released

This permission is considered to be in effect until rescinded by me in writing.

If there is any specific information which may not be released to the above-named party, please note it here:

Student’s signature: ____________________________ Date: ____________

Student’s name (please print): ____________________________________________

Student Identification Number: ____________________________________________

Last updated July, 2004

PLEASE RETURN THIS FORM TO THE ACADEMIC ADVISOR NAMED ABOVE