



Name of Department

**CONSENT FOR RELEASE OF STUDENT INFORMATION**

Permission is hereby given to:

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Faculty Member/Administrator) (Name of Department)

to provide the following information to:

\_\_\_\_\_ Relationship to Student  
(Name of parent, guardian or other person to whom information about the student can be released)

Indicate specific information that may be released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the persons named above to release the information described above. I also understand that I have the right to cancel my permission to release information at any time before it is released and that this signed consent will expire on the date indicated below.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Signature of parent/guardian if minor

\_\_\_\_\_  
Student print name

\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Date

Add contact information: location of department, phone number, fax number and email address.