

**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 \_\_\_\_\_.