

**AUTHORIZATION TO RELEASE INFORMATION**

**This form must be fully completed and signed by the student only**

[Empty box for student name]

\_\_\_\_\_

University

**Person (s) or Organization (s) to Whom Information may be released:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information to be released:**

! **Financial Aid/ Student Account Records**

! **Academic Records**

**Valid For:**

! **Limited Use:**

! **Long Term Use:**

University

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

**RETURN TO:**

**In Person:**

**Email (\_\_\_\_\_):**

**Mail:**

University

University

University