## **AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION**

Information in a student's advising folder and in the University's database is accessible only to key faculty and administrative personnel. This protection of your privacy is *guaranteed* by law. Even parents or guardians cannot obtain information about your academic performance from the University, because University officials may not legally release such information. For a variety of reasons, you may wish to partially waive this protection and permit release of some types of information to certain people. This authorization form will allow designated University personnel to provide certain types of information about you to specified persons or categories of persons. You have *no obligation* to complete this form, but you are encouraged to consider doing so. If you do not submit an authorization, the default condition with existing policy will apply - no information will be released to anyone. You may submit a revised authorization form to the Department at any time. Only the most recent version of this form will be kept with your records.

Your full name —	(T: 1)	0.6111.)	
	(First)	(Middle)	(Last)
Student ID #:	Major		
☐ Academic Adv ☐ Coordinating C ☐ Department He ☐ Associate Dear	visor (faculty member w Counselor (faculty member ead (administrator prima	eck all who may release information): ith whom you work most closely for a ber who helps all students in your majorily responsible for your major) of Academic Programs) xisting policy)	٠,
Persons to whom info	rmation may be released	l (check all who may receive informat	tion):
☐ Prospective en☐ Other	nployers. while I am en nployers. after I have le efault condition with ex		
Any informati Any academic Only the follo Cumula Quality Grades Class ra Class ra	on to which the author information wing type of information ative quality credit average for a party or the control of the con	h information may be requested University	):
type of information t effect only while I a	o the designated person	endorse existing policy to deny any ns by the prescribed University offin above and expires when I leave Von form.	cials. This authorization is in

Date

Student's Signature