

RELEASE OF INFORMATION

STUDENT NAME

PID #

LOCAL ADDRESS

LOCAL PHONE #

OAK EMAIL ADDRESS

CAMPUS

I authorize the Undergraduate Student Affairs staff in the College of Arts and Sciences to release my academic and related information to:

Name

Relationship

I understand that this authorization will be in effect for a period of one year from the date of my signature and that I need to submit a formal written request to terminate this authorization before that date.

Student Signature

Date

Witness

Date