Authorization to Release Non-Directory Information

I give permission to ________________________________ to discuss the following
(name of school official)

details of my academic record with _____________________________________.
(name of third party)

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Student Name: _____________________________________________
Student ID Number: _________________________________________
Student Signature:  __________________________________________
Date: _____________________________________________________

School officials should keep a copy of this form for their records and send the original to the Registrar’s Office, where it will be kept in the student’s permanent file.