Authorization to Release Non-Directory Information

I give permission to ________________________________ to discuss the following details of my academic record with _____________________________________ for the purposes of _____________________________________________________________.

- ______________________________________________________
- ______________________________________________________
- ______________________________________________________
- ______________________________________________________
- ______________________________________________________
- ______________________________________________________

This authorization is effective until __________ 202___ or rescinded by me.

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.