

STUDENT NAME: _____
Last Name First Name

STUDENT ID #: _____

I, _____, authorize the release of all my student records to the third party listed below. I understand that by signing this form, I am giving the person below permission to obtain my records, including immigration documents, transcripts, grades, G.P.A., attendance, and class schedules.

Third Party Information: _____
Last Name First Name

Relationship to Student

This form will be valid for five years from date of signature. If you would like this authorization to expire sooner, please indicate the date of expiration here _____

Student Signature: _____ Date: _____