



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)

- _____
- _____
- _____
- _____
- _____

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.