

Authorization to Disclose Education Information

I, [REDACTED], hereby authorize [REDACTED] to disclose my educational records and information as described below.

Recipient of Information:

Name/Organization: [REDACTED]

Information to be Disclosed:

[REDACTED]

Purpose of Disclosure:

[REDACTED]

I understand that this authorization is voluntary and may be revoked at any time.

Signature: [REDACTED] Date: [REDACTED]