

Student Record Disclosure Authorization

Student Information

Full Name:

Student ID:

Date of Birth:

Records to be Disclosed

☐ Academic Record

☐ Attendance

☐ Disciplinary Record

☐ Other (please specify):

Recipient Information

Recipient Name or Organization:

Recipient Address or Email:

Consent

I hereby authorize the release of my student records to the recipient indicated above.

Signature:

Date:

Authorize