

Authorization to Disclose Academic Information Form

Student Information

Full Name:

Student ID:

Date of Birth:

Recipient Information

Name of Recipient:

Relationship to Student:

Recipient's Email:

Details of Authorization

Information to be Disclosed:

☐ Grades

☐ Attendance

☐ Disciplinary Records

☐ Other (specify below):

Purpose of Disclosure:

☐ I hereby authorize the release of my academic information as specified above.

Student Signature:

Date:

Submit