

Third-Party Educational Information Release Form

Student Information

Full Name:

Student ID Number:

Date of Birth:

Third-Party Information

Third Party Name:

Relationship to Student:

Information to be Released

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Grades/Transcripts

☐

Enrollment Status

☐

Disciplinary Records

☐

Other (please specify):

Authorization

I authorize the release of my educational records to the third party named above.

Student Signature:

Date:

Submit