



Authorization to Release Education Record Information

I give permission for _____
(institution)

to release my _____
(education record information to be released)

to (name): _____
(last) (first)

_____ (address)

for (purpose): _____

Authorization is valid from _____ to _____
(date) (date)

Name (please print) _____ , _____
(last) (first)

Signature: _____ Date: _____

.....

Action taken: _____ (date) _____ (by whom)