Departments should provide an authorization form for students who wish to request release of information from their records to a third party. This form may be adapted to reflect the type of student information maintained by the department.

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS TO THIRD PARTY**

I, ________________________________

(Student I.D. No.) ________________________________

request that the following record be sent to: (Number of copies: ______)

Name: ________________________________

Address: ________________________________

**OPTIONAL**

I request that an additional copy of this record be sent to me:

Student: ________________________________

Address: ________________________________

A fee of 10 cents per page is charged for copies.

Record sent as requested:

Date: ________________________________

By: ________________________________

Record Custodian