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EXHIBIT C

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
l,
(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 I0 cents per page is charged for copies.
Record sent as requested:
Date:
Dur.
By: Record Custodian