## 6 W X G HQQGWX K W & R P P X Q L W \ 6 W D Q G D U G V Authorization for Release of Information

DATE:		
STUDENTID: STREETADDRESS: CITY:	DAT@EFBIRTH: STATE:	  ZIP:
TELEPHONE NUMBER:		
,, authorize The University of Akreleatse my conduct records, to the following individuals organizations (name & address of persons/organizations to receive information)		
for the purpose of		
the extentt is applicable, FE person/facilityreceiving auth written consent the person I understandhat I can revok facility to whom I have instructed as a prior to reaction of	ERPAmay protect the ecords being orized information mayot further to whomit pertains.  this authorization at ny time by parted to release the formation. I use the ecords being the econds and the econds at the econds and the econds are the econds at the econds at the econds at the econds are the econds at the eco	providing written notice the person/ understand alsbatanyinformation person/facility releasing, netre person/ unch.
I hereby release The Units liability that may ariserom t		aragents from all legal responsibilities or
Release Authrized By:	Witnessed By	,
STUDENT SIGNATURE	WITNESS SIGNATUR	RE
Date	Date	<del></del>

NOT VALID AFTER ONE CALENDAR YEAR FROM DATE OF ISSUANCE.