



AUTHORIZATION FOR RELEASE OF INFORMATION

If you, the student, wish for us to discuss information regarding your education abroad program with anyone, including your parents, please complete this form. This release is effective from the dates of ____/____/____ to ____/____/____.
month day year month day year

Please note that after the end date on this form (above), the Office of International Research, Education, and Development will no longer discuss your study abroad information with anyone.

I, _____, **Student Number** _____, give permission for the following persons to have access to my education abroad information and records.

_____ Name	_____ Relationship to student
_____ Name	_____ Relationship to student
_____ Name	_____ Relationship to student
_____ Name	_____ Relationship to student
_____ Name	_____ Relationship to student

Student's Signature _____	Date _____
Student's Phone Number _____	Email _____