

AUTHORIZATION to RELEASE STUDENT INFORMATION

I, (PRINT NAME) _____, hereby authorize the O'Neill School of Public and Environmental Affairs (O'Neill) to release the information contained in my O'Neill academic record as specified to the third party or parties listed below.

I understand that this authorization, unless altered in writing by me, will remain as stated in this authorization, effective as long as I am an admitted O'Neill student.

INFORMATION TO BE RELEASED

The information for release includes the following:

- Final grade reports
- Advising and administrative documentation stored electronically by O'Neill.
- Advising and administrative documentation stored on paper by O'Neill.
- O'Neill Records office file
- Additional electronic Registrar information, i.e. registration and enrollment history, schedule adjustment activity

PLEASE LIST INDIVIDUALLY THE THIRD PARTY OR PARTIES TO WHOM YOU ARE GRANTING ACCESS TO YOUR ACADEMIC RECORD (include name, address, and phone).

Name of Release Party

Name of Release Party

Street Address

Street Address

City State Zip Code

City State Zip Code

Phone (Area Code and Number)

Phone (Area Code and Number)

SIGNATURE OF STUDENT _____

STUDENT I.D. NUMBER _____ DATE _____

SIGNATURE OF WITNESS _____ DATE _____

I understand that I may change, amend, or rescind this authorization at any time by submitting a new, written authorization to the O'Neill School of Public and Environmental Affairs Undergraduate Programs Office, SPEA room 240.