

CONSENT FOR RELEASE OF STUDENT INFORMATION

Permission is hereby given to:

_____ of the Department of Economics to provide
(Name of Faculty Member/Administrator)

the following information to:

(Name of parent, guardian or other person
to whom information about the student
can be released)

Relationship to Student

Indicate specific information that may be released:

I hereby authorize the persons named above to release the information described above. I also understand that I have the right to cancel my permission to release information at any time before it is released and that this signed consent will expire on the date indicated below.

Student's Signature

Signature of Parent/Guardian,
if Minor

Student Print Name

Expiration Date

Date