

Release of Student Information

RE: Release to discuss academic record, student information contained within the student's file, and healthy history with the individual(s) named below.

I, _____ (ID#: _____) give permission to the staff in the Dean's Office, College of Biological Sciences, to discuss my academic record, student information contained within my file, and health history with the following individual(s):

The release is valid for one year from the date signed.

Student's signature: _____

Date: _____