



INFORMATION RELEASE

I hereby authorize the exchange of information regarding academic and financial data with outside agencies to determine my funding. I also authorize the release of information as indicated below:

- Academic Records
- Admissions Office
- Business Office
- Financial Aid Information
- Health & Safety Information

Information may be released to:

- Spouse (name) _____
- Father/Stepfather (name) _____
- Mother/Stepmother (name) _____
- Other (name) _____
- NO information may be released to any other person

CERTIFICATION (Sign in ink)

I understand that my responses to the above will remain in place during the current school year unless a written notice of change is submitted. Release of information authorizations must be completed each year.

Learner's Name (please print)

Learner ID #/Social Security #

Signature

Date