



## APPLICATION AUTHORIZATION TO RELEASE INFORMATION

The undersigned, \_\_\_\_\_, hereby authorizes any Agency or Business, its authorized representatives, agents and employees, bearing this Release or a copy thereof, to release any information in their files pertaining to the undersigned and his / her employment, education records (including, but not limited to academic achievement, attendance, and disciplinary records), credit reports and any record of arrest with police agencies.

The undersigned voluntarily consents to the release of such information and directs the release of such information upon request of the bearer. This Release is executed with full knowledge and understanding that the information hereby requested and obtained is for use by the educational institution, in matters related to the undersigned's enrollment with said institution and subsequent placement activity.

The undersigned hereby releases the custodian of such records, any school, college or university, or other educational institution; social service agency, police department, credit reporting bureau, any employer, or business establishment including its officers, employees or related personnel both individually and collectively; and the educational institution, its representatives, agents and employees from any and all liability for damages of whatever kind which may at any time result to the undersigned, his / her heirs, family or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

The information hereby obtained by the institution, is to be used exclusively for purposes related to the undersigned's enrollment with said institution and subsequent placement activity. The information may be made a part of the student file of the undersigned. I acknowledge receipt of a copy of this authorization.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Student

Social Security# \_\_\_\_\_

Birth Date: \_\_\_\_\_

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date