

Authorization for Release of Information

authorizes any Agency or Business, its employees, bearing this Release or a copy the files pertaining to the undersigned and his (including, but not limited to academic ach records), credit reports and any record of arres	ereof, to release any information in their / her employment, education records nievement, attendance, and disciplinary
The undersigned voluntarily consents to the re release of such information upon request of the full knowledge and understanding that the information use by the educational institution, in matter with said institution and subsequent placement	he bearer. This Release is executed with rmation hereby requested and obtained is rs related to the undersigned's enrollment
The undersigned hereby releases the custodia university, or other educational institution; so credit reporting bureau, any employer, or bus employees or related personnel both individual institution, its representatives, agents and edamages of whatever kind which may at any heirs, family or associates because of compliant information or any other attempt to comply with	ocial service agency, police department, iness establishment including its officers, ally and collectively; and the educational employees from any and all liability for time result to the undersigned, his / hernce with this authorization and request for
The information hereby obtained by the in purposes related to the undersigned's enrollm placement activity. The information may be undersigned. I acknowledge receipt of a copy	nent with said institution and subsequent made a part of the student file of the
Student Signature	///
Otadom Oignataro	Date
Full Name of Student (printed)	
Social Security#	_
Birth Date:	
	///
School Official Signature	Date