



! " # \$% ~~~~~	! ' () * + , - , (- . / (* , 0 □
! 1 ~~~~~ # 2% ~~~~~ # 3% ~~~~~ ! % & ~~~~~	~~~~~ # - *% ~~~~~ # - *% ~~~~~ # % ~~~~~ # % ~~~~~ \$ ~~~~~ ! ~~~~~
! - , (- 45 " 4 ". # 1 \$. 6 %! ! - \$ \$* 1 1 - .	* , \$ * 1 1 , / * * □ □



INS R C IONS
FERPA CONSEN O RELEASE AD L S DEN INFORMA ION

_____ ! " # \$! " # %
* & " * # & " ' & () * & # +
* & " * & " , " *

Section A

Student's name: *Print Your Last Name, First Name*
Name 1 *Print the first and last name of the family member or employer to allow the release of information. List*
Relationship, such as "parent" or "employer"
Name 2 *As per above.*

Section B

'Revoke all'
Check this box if you previously gave written consent but n