STUDENT AUTHORIZATION TO RELEASE EDUCATION RECORDS TO A THIRD PARTY

Student’s Name: 

Item(s) of Information to be released: 

Purpose(s) for which the education records may be disclosed: to provide information to: 

The information may only be released to the following organizations: 

I hereby grant authorization to Case Western Reserve University to release my above-referenced education records to the party or parties listed on this form. I understand that I am entitled to a copy of the records so disclosed upon request.

Student’s Signature __________________________ Date __________________________