

**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