

**STUDENT AUTHORIZATION TO RELEASE EDUCATION RECORDS TO A  
THIRD PARTY**

Student's Name: \_\_\_\_\_

Item(s) of Information to be released and/or discussed: \_\_\_\_\_

\_\_\_\_\_

Purpose(s) for which the education records may be disclosed and/or discussed: to provide  
information to: \_\_\_\_\_

The information may only be released to and/or discussed with the following individual(s) or  
organization(s):

\_\_\_\_\_

\_\_\_\_\_

I hereby grant authorization to Case Western Reserve University to release and/or discuss 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 my request.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date