



The University of Akron
University College Dean's Office
Akron OH 44325-6201
(330) 972-7066

Authorization for Release of Information

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

I AUTHORIZE THE ACADEMIC ADVISEMENT CENTER OR THE DEAN OF UNIVERSITY COLLEGE TO RELEASE TO:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

THE FOLLOWING INFORMATION:

\_\_\_\_\_
\_\_\_\_\_

I AUTHORIZE THE FOLLOWING PERSON/FACILITY:

\_\_\_\_\_
\_\_\_\_\_

TO RELEASE TO THE ACADEMIC ADVISEMENT CENTER OR THE DEAN OF UNIVERSITY COLLEGE, THE FOLLOWING:

\_\_\_\_\_
\_\_\_\_\_

RELEASE FORMAT: [ ] ORAL [ ] WRITTEN

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PURPOSE OR NEED FOR INFORMATION: \_\_\_\_\_

FEDERAL LAW PROTECTS CONFIDENTIALITY OF ACADEMIC RECORDS. ANY PERSON/FACILITY RECEIVING AUTHORIZED INFORMATION MAY NOT MAKE FURTHER DISCLOSURE WITHOUT THE WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS.

I UNDERSTAND THAT I CAN REVOKE THIS AUTHORIZATION AT ANY TIME BY PROVIDING WRITTEN NOTICE TO THE PERSON/FACILITY WHOM I HAVE DESIGNATED TO RELEASE THE INFORMATION. I UNDERSTAND ALSO THAT ANY INFORMATION RELEASED PRIOR TO REVOCATION CANNOT BE RETRIEVED AND NEITHER THE PERSON/FACILITY RELEASING, NOR THE PERSON/FACILITY RECEIVING THE INFORMATION WILL BE HELD RESPONSIBLE FOR SUCH.

I HEREBY RELEASE THE ACADEMIC ADVISEMENT CENTER AND THE UNIVERSITY COLLEGE DEAN'S OFFICE, THE UNIVERSITY OF AKRON, AND ITS EMPLOYEES AND AGENTS FROM ALL LEGAL RESPONSIBILITIES OR LIABILITY THAT MAY ARISE FROM THIS ACT.

RELEASE AUTHORIZED BY:

WITNESSED BY:

STUDENT SIGNATURE

WITNESS SIGNATURE

Date

Date

NOT VALID AFTER ONE CALENDAR YEAR FROM DATE OF ISSUANCE.