



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 (i.e., admission, employment, tuition payment or reimbursement, etc.):

The information may be released to the following person(s) or organization(s):

I hereby grant authorization to Stetson 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