



OFFICE OF THE REGISTRAR
337-7204
STUDY ABROAD INFORMATION
RELEASE AUTHORIZATION

I _____ (ID# _____) give the Office of the Registrar permission to release any needed information (including transcript and enrollment verification) while I am on Study Abroad. This information may be requested by the person/s named below.

NAME _____

ADDRESS _____

Please be sure this information is complete prior to leaving the country. The Office of the Registrar will not be able to release any information without written authorization, which includes an original signature.

SIGNATURE _____

DATE _____



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