

**WARREN COLLEGE ACADEMIC ADVISING OFFICE
AUTHORIZATION FOR RELEASE OF INFORMATION**

Date: _____

I, _____, authorize the College Provost's Office to release
(NAME OF STUDENT, PRINT CLEARLY.)

the following information: (check appropriate box and add explanation if necessary)

Any information in my college file.

Only the following type of information:

This information is to be release only to the following parties:

NAME OF PARTY	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

This authorization to release information is valid only for the following time period:

START DATE

END DATE

OPTIONAL: Feel free to add a brief statement of the purpose for which the information is to be released, if you feel that such a statement would be helpful in providing the appropriate information to the designated parties.

STUDENT SIGNATURE

DATE