



SOUTHWESTERN UNIVERSITY

REQUEST AND AUTHORIZATION TO DISCLOSE INFORMATION

I, _____, _____, _____, _____
First Middle Last Student ID

authorize: _____
Faculty / Staff Member

to release and communicate with:

First Last Relationship to student
(parent, guardian, etc)

First Last Relationship to student
(parent, guardian, etc)

information concerning my:

- Academic Progress
- Attendance
- Results of Graded Academic Assignments/Exams
- Recommendations/Referrals
- Grade Point Average (GPA)
- Other (specify): _____

I understand that disclosure of my records can only be made with written consent, unless I revoke this release in writing prior to that date.

Student Signature Date

Faculty / Staff Signature Date