

**INDIANA UNIVERSITY**  
**College of Arts and Sciences**

**PERMISSION TO RELEASE INFORMATION ABOUT ACADEMIC RECORD**

I give my permission for my academic advisor \_\_\_\_\_  
(print name)

to give information about my academic record to

\_\_\_\_\_  
Name and/or title of person(s) to whom information may be released

**This permission is considered to be in effect until rescinded by me in writing.**

If there is any specific information which may not be released to the above-named party,  
please note it here:

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's name (please print): \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Last updated July, 2004

PLEASE RETURN THIS FORM TO THE ACADEMIC ADVISOR NAMED ABOVE