

PERMISSION TO RELEASE EDUCATION RECORD INFORMATION

Requested By (Student):

Release To (Recipient):

LAST NAME FIRST NAME

LAST NAME FIRST NAME

NOTRE DAME NET ID OR LAST 4 DIGITS OF SSN

ORGANIZATION/SCHOOL

DATE

ADDRESS

CITY, STATE, ZIP

Education record information to be released:

- Academic
- Disciplinary
- Other (specify): _____

Purpose of release:

I give permission for the appropriate University of Notre Dame representative to release the specified information to the recipient listed above.

STUDENT SIGNATURE