



# Release of Educational Record Information Authorization

Education record information to be released:

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Purpose of release:

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Release to the following person(s) or organization(s):

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.....  
*I hereby grant authorization to Michigan Technological University to release my above-referenced records to the party or parties listed on this form. I understand that I am entitled to a copy of the records so disclosed upon request.*  
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\_\_\_\_\_  
(Please print) **LAST NAME (STUDENT)**

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**STUDENT IDENTIFICATION NUMBER**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**