

# ANTIOCH UNIVERSITY

## AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION

I (#1) do hereby authorize Antioch University to release information related to my academic records to the individuals (#2) listed below, upon request of that individual.

### #1 = Student

Name \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

### #2 = Authorized Agent

Agent \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

**I understand that by signing this authorization, I am waiving my rights of nondisclosure for these records under federal law with regard to the person specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_