

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 _____