

# LAFAYETTE

## ADVISING & CO-CURRICULAR PROGRAMS

### RELEASE of INFORMATION

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(PRINT your name) (Dean's name)  
to release my education records and/or information contained therein to the following:

Name or Recipient	Reason for Release

I  do/  do not waive my right to review the contents of evaluations released at my request.

I understand that the recipient of my records will be informed of my decision regarding waiver.

Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature / year