



## AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Former Name(s) \_\_\_\_\_ Enrollment Date \_\_\_\_\_ SS# \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_

I hereby release Wolford College, its agents, officers, employees, and any authorized third persons acting for it from any and all liabilities they may have, and from any and all claims I may have, including, but not limited to, any claims for negligence or gross negligence, in connection with their gathering, dissemination, publication, delivery or exchange of information including clinical and didactic performance, disciplinary action or proceeding about my current or previous enrollment at Wolford College to persons I authorize below to receive such information. I acknowledge that I have read and understand this release, and that Wolford College will reasonable rely upon it. I understand and agree that a facsimile or photocopy of this release shall be as effective and admissible as the original.

\_\_\_\_\_  
Signature of Student Date

I hereby authorize Wolford College to release information concerning my current or previous enrollment:

\_\_\_ **TO ANY AND ALL EMPLOYER INQUIRIES OR**

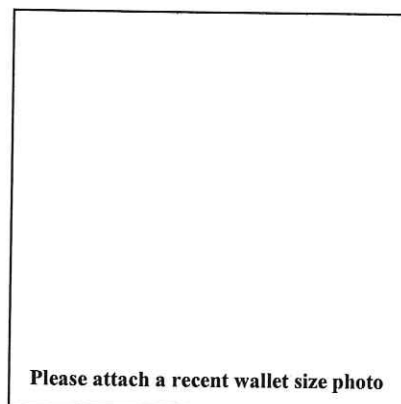
\_\_\_ **PRINT NAME AND ADDRESS OF SPECIFIC PERSON/ORGANIZATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notarization of Students Signature

State of \_\_\_\_\_

County of \_\_\_\_\_



Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Commission Date Notary Public Seal