



Student Consent Release of Information

2018-2019
453.14

Please Print Clearly

Student Information:

Student Last Name: _____ Student First Name: _____

Student ID or SSN: _____

I hereby authorize Criswell College to release my information to the following:

Full Name: _____ Relationship: _____

Address: _____
City State Zip

Phone: _____

Full Name: _____ Relationship: _____

Address: _____
City State Zip

Phone: _____

I hereby release the sender and receiver of this information of all legal liability that may arise from the release of information requested. I certify that the aforementioned written consent requesting disclosure of information about me has been granted freely, voluntarily, and without coercion; and the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time through an appropriately written letter that is witnessed by a notary public. Re-disclosure of the information gained through this release, by those receiving the aforementioned authorized information, may be accomplished within the guidelines of professional ethics or with my further written consent.

Student Signature Date

Witness Signature Date

OFFICE USE ONLY

Entered by: _____ Date: _____