



# Student Consent Release of Information

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: \_\_\_\_\_