

CONSENT TO RELEASE INFORMATION
College of Fine and Applied Arts, Appalachian State University

I hereby grant authority to Appalachian State University to release information or documents described below to:

(PRINT NAME OF RECIPIENT OF INFORMATION)

Information or documents to be released:

The reasons for release of this information:

I hereby acknowledge that completion of this form with my Social Security number is voluntary; that it is requested only to provide a personal identifier for the internal records of Appalachian State University; and that it will be used solely for administrative convenience and record-keeping accuracy.

(Student signature)

(Social Security Number (voluntary))

(Date)

(Witness signature)

(Date)