You can print a blank copy of this form or fill it out online and then print it. To complete it online, click on the Recipient field to begin. Use the tab key or your mouse to move through the fields.

COLLEGE OF ARTS & SCIENCES
APPALACHIAN STATE UNIVERSITY

CONSENT TO RELEASE INFORMATION

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 Date

_____

Witness signature Date