

## **Consent to Release Student Information**

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Email:			Date of Birth:			
Student Level:	$\square$ Undergradua	te 🗆 Undergradua	ate Professional	$\square$ Graduate	$\square$ Visiting Studen	t
onsent to Re	lease Informat	ion				
I hereby give pe person or entity		niversity to release the	e education record	ds listed below and	d which pertain to mo	e to the followin
Name:			Business: _			
Email:		_				
Street Address:				City:		
State:	State:Zip					
ecords or Inf	ormation to be	Released				
Please indicate	records or informa	tion to be released in	the space provide	d below.		
urpose of Re	quest					
	•	e request.				
	<b>quest</b> the purpose of the	e request.				
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-	•	e request.				
Please describe	the purpose of the				consiss the letter?	□Vas
Please describe	the purpose of the	e request. ommendation, do you	wish to waive you	r right to access/ex	xamine the letter?	□Yes
Please describe	the purpose of the		wish to waive you	r right to access/e;	xamine the letter?	□ Yes
Please describe	the purpose of the	ommendation, do you	wish to waive you	r right to access/ex	xamine the letter?	
Please describe  If this consent is	the purpose of the	ommendation, do you nt Signature)	·			□No
Please describe  If this consent is  equest for A  I understand the	the purpose of the	ommendation, do you nt Signature) is release at any time	by notifying the K	en Kennedy Instit	tute in writing. (Plea	□ No
Please describe  If this consent is  equest for A  I understand the 2-3 days to p	the purpose of the story of the purpose of the story of the purpose of the story of the purpose	ommendation, do you nt Signature) is release at any time st). The request will	by notifying the K remain in effect	en Kennedy Instit	tute in writing. (Plea	□ No se Note: It takes
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