

HAMLIN UNIVERSITY
CENTER FOR ACADEMIC SUCCESS AND ACHIEVEMENT (CASA)
AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION

I, _____, give the Academic Advising office permission to share information from my academic record with_____. This permission is valid until _____.

Please check one of the following:

All information in my academic record may be shared, with the following exceptions:

Only the following information may be shared:

All of my information may be shared.

By signing this form, I am waiving my rights to educational privacy under the Family Educational Rights and Privacy Act of 1974.

Name _____

ID # _____

Signature _____

Date _____