



# Release of Information

Boise State University will not release any information to any private individual and most agencies without your written permission—unless legally required. Release of information for the permission provided on this form will stay in effect until you rescind it in writing.

## To Permit the Release of Information

I, \_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Student ID Date of Birth

give my permission to Boise State University to release to the following people:

Name	_____	Relationship	_____
Name	_____	Relationship	_____
Name	_____	Relationship	_____

I hereby grant the above people to have access over the phone, in person, by mail, or by email to the following records:

- Admission Records
- Disability Service Records
- Financial Aid Records
- Student Account/Financial Records
- Student Conduct Records
- Student Education Records (current students or alumni are still required to sign for the release of official transcripts.)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## To Rescind (Cancel) the Release of Information

I rescind my permission for release of information to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date