

**AUTHORIZATION TO RELEASE STUDENT'S
ACADEMIC & PERSONAL DATA**

THE REGISTRAR'S OFFICE
Arellano University

Dear Sir/Madame:

This is to authorize Arellano University (AU) through its Registrar or authorized representative, to disclose information relating to my academic, personal, and related data, and to issue/release my relevant documents, electronic or otherwise, to the following employer, school, institution, or third-party verifier, or agents:

for the following purpose/s:

within the period adequate and necessary to respond to such verification or inquiry, or until:

I hereby certify that this express authority for the AU to give and release, and the identified recipient or third-party to receive, unless otherwise specifically set forth above, covers: (a) any background information about me on matters pertaining to academic references, school and civil records, status and disqualification information, certificates, grades, honors, licenses, education and credentials, personal and educational background, and other relevant background information found in the AU records, which is/are adequate, relevant, suitable, necessary, and not excessive in relation to the above declared and specified purpose; (b) any information whether recorded in a material form or not, from which my identity as an individual is apparent or can be reasonably and directly ascertained by the entity holding the information, or when put together with other information would directly and certainly identify me as an individual; and (c) the act by AU of sending, receiving, storing or otherwise processing electronic data messages or electronic documents/information and any procedure related to the recording, transmission or storage of electronic data, electronic message, or electronic document that AU is required under this request/consent to release and transmit to the above recipient/s.

I am aware of the nature, purpose, and extent of the processing of my personal data, including the risks and safeguards involved under/through this authorization; and I hold the AU, its officers and agents, free and harmless from any and all claims for damages or liability caused or occasioned by AU's agreement to comply with my request/consent to third-party verification, covering my personal, academic, and other data being requested.

Very truly yours,

(Sign over Legibly Printed Name)