



CONSENT TO RELEASE STUDENT INFORMATION

I _____ with Student No. _____ **HEREBY VOLUNTARILY AND KNOWINGLY AUTHORIZE** the release of information from my educational records to:

To whom information will be released <small>(Must specify EMPLOYER/SCHOOL & AUTHORIZED THIRD PARTY)</small>	Relationship	Email Address <small>(Must be in the company's official domain)</small>
1. _____	_____	_____
2. _____	_____	_____

Only the following information shall be released under this consent.

- | | |
|---|---|
| 1. Student Name | 2. Degree Program |
| 3. Date of Graduation (for graduate only) | 4. Academic Awards (for graduate only) |
| 5. Units Earned (for undergraduate only) | 6. Dates of Attendance (for undergraduate only) |

The information is to be released for the following purpose/s only (Please)

1. Employment / Promotion 2. Further Studies 3. Others: _____

The information shall be released as: (Please)

- One-time release only
 Release until written notice of revocation is received by the above-mentioned department or unit

I understand that this information may be released orally, in electronic or digital form, or in the form of written records.

I have the right to inspect any written records in pursuant to this consent except for letters of recommendation for which I have waived my inspections rights.

I have the right to have such information corrected in case it is incorrect, inaccurate or incomplete following institutional procedures of the College.

I further release DLS-CSB and its officials and employees from any and all liability of any kind for releasing the above-mentioned information.

Signature over Printed Name

Date

Parent's/Guardian's Signature over Printed Name
(applicable only if student is below 18 yrs. old)

Date

Note: A copy of valid IDs must be attached along with this consent.