

Telephone

## **AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION**

Under the Family Educations			Stu #	Date	
University is permitted to disdirectory information include full/part-time, undergraduate degrees/honors/awards recellocal/cell phone number, Weadmission application, date a recognized activities and sports.	sclose any directes the following: des the following: des the following: des the following: stern at Western, stern email addr and place of birt orts, weight and ution attended by on-directory infor	tory information student's name level), dates on local/campus ress and studer h, major field on height of meming the student.	n to any e, West f attend address nt's ema f study, bers of a Western	ance at Western, , home or off-campus address, il address provided on their participation in officially athletic teams, and most previou State Colorado University is no	
staff of Western State Colora including my academic record other designated person liste	ndo University hards and discuss ed below. This i	ave my permiss my academic p ncludes all aca	sion to a progress demical	at the faculty, administrators, and ccess non-directory information s with my parents/guardians and ly-related content issues, and academic records (i.e., grade	ı /or
I consent to the disclosure or my parent(s)/guardian(s), for appropriate.				n from my educational records t Colorado University as	0
This waiver form is valid for	the period of my			State Colorado University throu	
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Signature Parent/Guardian Information (If pa	·	at the same address	s, please li		igi
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