



Your Career Connection Since 1934

STUDENT AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize Dorsey College to release
PRINTED NAME
Information concerning my academic progress, attendance, and/or financial information
to the party(ies) listed below. I understand that I am not required to allow this
information to be released; this authorization is voluntary on my part.

INFORMATION MAY BE RELEASED TO:

PRINTED NAME

RELATIONSHIP TO STUDENT

PRINTED NAME

RELATIONSHIP TO STUDENT

PRINTED NAME

RELATIONSHIP TO STUDENT

Student Signature

Date