

INDIANA UNIVERSITY
College of Arts and Sciences

PERMISSION TO RELEASE INFORMATION ABOUT CLASS PERFORMANCE

I give my permission for my instructor _____ to give
(print name)
information about my class performance to

Name and/or title of person(s) to whom information may be released

This permission is considered to be in effect until rescinded by me in writing.

If there is any specific information which may not be released to the above-named party,
please note it here:

Student's signature: _____ Date: _____

Student's name (please print): _____

Student Identification Number: _____

Last updated July, 2004

PLEASE RETURN THIS FORM TO THE INSTRUCTOR NAMED ABOVE