



Release of Information

Boise State University will not release any information to any private individual and most agencies without your written permission—unless legally required. Release of information for the permission provided on this form will stay in effect until you rescind it in writing.

To Permit the Release of Information

I, _____

First Name	Middle Initial	Last Name

Student ID	Date of Birth	

give my permission to Boise State University to release to the following people:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

I hereby grant the above people to have access over the phone, in person, by mail, or by email to the following records:

- Admission Records
- Disability Services Records
- Financial Aid Records
- Student Account/Financial Records
- Student Conduct Records
- Student Education Records (*current students or alumni are still required to sign for the release of official transcripts.*)

Student Signature	Date
_____	_____

To Rescind (Cancel) the Release of Information

I rescind my permission for release of information to:

Name _____
Name _____
Name _____

Student Signature	Date
_____	_____