

AUTHORIZATION TO RELEASE EDUCATIONAL INFORMATION TO A THIRD PARTY

		
Student Name (Print Name)		(CWID) Identification Number
information. Such information cannot be	e released to anyone other tha are considered as third party ir	s Marist to treat <u>non-directory information</u> as confidential in the student. By FERPA definition, under most conditions, individuals and are not allowed access to any educational
		mission to discuss and/or release information pertaining retained by the Office of Community Standards.
This information may be related to direct information are not encompassed in this		ion. I also understand that financial aid and medical/health
I understand that this consent form will at any time by informing the Office of Con	-	t academic year and that I may revoke the waiver in writing
NAME:	RELATION:	Phone Number:
NAME:	RELATION:	Phone Number:
Limitation of Information to be Releas	sed (please check only ON	Ε)
☐ Release all information	specified above related on	ly to my current case.
Release all information	n regarding any disciplinary	conduct while a student at Marist University.
Student Signature	ι	Date