



# St. Thomas University

## Consent to Release Student Information

**Student Name** \_\_\_\_\_ **ID#** \_\_\_\_\_

I have listed below the individual(s) to whom St. Thomas University may release information from my file:

NAME	RELATIONSHIP	CONTACT INFORMATION

The above named individuals may have access to the following information (check all that apply):

Academic records (transcripts, course registration etc.)

Financial information

Student conduct information

Other (please specify below)

\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

Student's Signature \_\_\_\_\_