



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

Phone Email

Name Relationship

Phone Email

Name Relationship

Phone Email

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 Service 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 (DO NOT complete if using this form to release)

I rescind my permission for release of information to:

Name: _____

Name: _____

Name: _____

Student Signature Date