

Date: _____

First Name: _____

Last Name: _____



AURTHORIZATION FOR RELASE OF INFORMATION

Last Name:	First Name:	Middle Name:
CWID:	Phone Number:	Expected Graduation Date:

I am requesting the following information:

- Enrollment Verification for:
 _____ Fall _____ Winter _____ Spring _____ Summer
- Letter for "Good Student Discount"
- Letter of academic standing
- Complete the attached form
- Complete the attached form

If selecting a letter, please select one of the following return options:

Hold for pickup

Mail verification to this address:

Contact Telephone: _____

E-Mail information to: _____

Additional Information: For special instructions, please list below

Student's Signature: _____

Date: _____