

Date: _____

First Name: _____

Last Name: _____



AUTHORIZATION FOR RELEASE 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

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:

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Additional Information: For special instructions, please list below

Student's Signature: _____

Date: _____