



For Office Use Only

Posted By: _____ Date Posted: _____

Office of the Registrar

Consent to Release Student Information

STUDENT INFORMATION			
Student ID: _____	Name: _____		
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Email: _____	Phone: _____	Date of Birth: _____	
Student Level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Undergraduate Professional <input type="checkbox"/> Graduate <input type="checkbox"/> Visiting Student			

CONSENT TO RELEASE INFORMATION	
I hereby give permission to Rice University to release the education records listed below and which pertain to me to the following person or entity:	
Name: _____	Business (if applicable): _____
Street Address: _____	City: _____
State: _____	Postal Code: _____ Country: _____

RECORDS OR INFORMATION TO BE RELEASED	
Please indicate records or information to be released in the space provided below:	
<hr/> <hr/> <hr/>	

PURPOSE OF REQUEST	
Please describe the purpose of the request.	
<hr/> <hr/>	
If this consent is for a letter of recommendation, do you wish to waive your right to access/examine the letter? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE			
I understand that I can revoke this release at any time by notifying the Office of the Registrar in writing (please note, it takes 24 hours to process the request). This request will automatically expire upon graduation or other termination of the student level identified on this form. By signing this form I acknowledge that I have read the information on this form.			
After completing and signing this form, it may be submitted in one of the following ways:			
<u>In Person:</u>	<u>Mail:</u>	<u>Fax:</u>	<u>Email:</u>
Office of the Registrar 116 Allen Center	Rice University Office of the Registrar—MS 57 6100 Main Street Houston, TX 77005	713-348-5921	registrar@rice.edu
Student Signature: _____ Date: _____			