

# Third Party Information Request



**Information Requested**

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**Third Party Name:**

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**Relationship to student:**

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**Requested By:**

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Date Requested:

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Approved Disclosure of Information:

 YES NO

*(Please mark an X in the box you would like)*

Student Name *(Please print):*

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Student Signature:

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Date:

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Office Use ONLY:

Information Given to Third Party:

 YES NO

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_