**AUTHORIZATION**

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to answer questions relating to my academic performance and   
 (DUS Representative)  
  
my character based on information in my university records and to release any requested   
  
information about my academic records to the third-party listed below.

|  |  |
| --- | --- |
| Student Information | |
| **Legal Name:** | **PSU ID:** |

|  |  |
| --- | --- |
| Authorized Third-Party | |
| **Name:** (Who are we releasing information to) | **Purpose of Disclosure:** (Why are we releasing this information) |
| **Relationship to Student:** (Parent, Employer, Agency, Other Universities) | **Effective Date(s):** (Duration of this specific release)  **Begin: End:** |

Please circle one: I **waive** / **do not waive** my right of access to this information.

C:\Users\jrs391\Documents\Projects\Web\VM Host sites\dus\sites\default\files\images\checkbox.png I have read the student consent information on the Confidentiality Form page on the DUS website (dus.psu.edu/confidentiality-form)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Student Signature Date

Deliver this signed form to the person named above or scan and email to dus@psu.edu.