

Student Authorization to Disclose Information to Third Parties

BALL STATE UNIVERSITY

PLEASE PRINT OR TYPE:

Student

First Name:

Last Name:

Department or Office: **Rinker Center for International Programs**

You are hereby authorized to disclose the following records/information to (individual, party, or class of parties):

Subject to the following specifications:

Application details, required admission documents.

Type of records/information to be disclosed:

Admission status, I 20 status

Purpose(s) for such disclosure:

____ Student should check if he/she desires a copy of records/information disclosed.

Student's Signature _____ Date _____

Authorization received by : **Vicki Villarreal/ Lindsey Dorshorst** Date _____