

**COLLEGE FOR CREATIVE STUDIES  
STUDENT INFORMATION RELEASE AUTHORIZATION**

I, \_\_\_\_\_ hereby authorize the College for Creative Studies to  
Student's Name

release **and/or**  discuss information contained in my:

academic records

financial aid records

disciplinary records

all records

to the individual(s) or organization listed below:

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as of the date \_\_\_\_\_.

\_\_\_\_\_  
Office of Registration Personnel's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Witnessed

**NOTE** - This form must be completed and submitted to the Office of Registration to authorize the release of your information.