

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:

as of the date _____.

Student's Signature

Date

Student I.D.#

Academic Advising & Registration Signature

Date

NOTE: In order to release your academic records, this form must be completed and submitted to:

Academic Advising & Registration Office
College for Creative Studies
201 East Kirby Street
Detroit, MI 48202
Phone: (313) 664-7672