



OFFICE OF STUDENT SERVICES
CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, CWID# \_\_\_\_\_,
Student's printed name

hereby authorize the exchange of information between the individual(s) below and ULM's Office of Student Services through written, verbal, or electronic\* means for the purpose of determining my readiness to return to the Residence Hall and/or the University.

[ ] I give the Office of Student Services permission to share information with my parent(s) concerning charges against me.
Name of Parent(s) \_\_\_\_\_

Table with 2 columns and 8 rows for contact information. Rows include Contact, Agency, Address, Phone #, and a shaded row.

Additional Information:

\*Confidentiality cannot be assured through use of electronic communication such as fax and email.

May your information be faxed and/or emailed? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_  
Director of Student Services Signature Date

\_\_\_\_\_  
Witness's Signature Date