



Education Record Release Form

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Student ID (7 Digit)

Student's Last Name

Student's First Name

Items or categories of information to be released: _____

Purpose for which the above records may be disclosed: _____

The information may only be released to the following listed persons or entities: _____

Single Use:

Continuous:

I hereby grant authorization to The Catholic University of America to release my above referenced education records to the parties listed on this form. It is my understanding that the party to whom the education record information is released may not disclose that information to any other party without my written consent. I understand that unless marked for single use this release is effective until revoked by me, either in person or by signed request to the Office of Enrollment Services.

Student's Signature (typed "signatures" not valid)

Date