



**THE CATHOLIC UNIVERSITY OF AMERICA
INVESTIGATOR RELEASE FORM**

This form must be filled out and presented in person at the Office of Enrollment Services (McMahon 10), accompanied by a signed release from the student.

LAST NAME: _____ FIRST NAME: _____

STUDENT #/SSN _____ PURPOSE OF REVIEW _____

ITEM(S) OF INFORMATION REQUESTED: _____

NAME OF REQUESTOR: _____

REQUESTOR'S AFFILIATION: _____

BADGE #: _____ CONTACT INFO: _____

NAMES & LEGITIMATE INTEREST OF ANY ADDITIONAL PARTIES TO WHOM
RECORDS MAY BE DISCLOSED: _____

I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

Signature: _____ Date: _____

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Disposition of Request: _____ Approved _____ Disapproved

Specify Materials Reviewed/Released:

Signature of Official Approving Request: _____ Date: _____

Name & Title of Official Supervising Review _____ Date: _____