

The Evergreen State College
Academic Advising
Lib. 1401, 2700 Evergreen Parkway NW
Olympia, WA 98505
(360) 866-6000, ext. 6312

Release of Information

I, _____, hereby authorize _____
(student name) (individual or office)

to discuss, in writing or orally, the following information:

- Academic Advising records
- Registration records
- Internship records
- _____
(other)
- _____
(other)

with: _____
(name) (relationship)

for: _____
(purpose)

Signature: _____
If permission granted by telephone – advisor must sign and date.

Date: _____

Received in Academic Advising: _____
(date) (advisor name)

NOTE: For verification of identity over phone:

- Parent must supply student's date of birth.
- Student must supply date of birth.