

AUTHORIZATION TO RELEASE INFORMATION

Federal law prevents the office of International Students and Scholars (OISS) from releasing information regarding an international student or scholar to anyone except the student or scholar. If a student or scholar wants information released to a third party, they MUST submit this Release of Information to OISS.

STUDENT INFORMATION	
First Name :	ID:
Last Name :	DOB:
I authorize the Office of International Students and person:	Scholars to release information/records about me to the following
REPRESEN	ITATIVE INFORMATION
Legal Name of Person :	
Relationship : Mother (M) Father (F) Gu	ardian (U) 🗌 Spouse/Partner (P) 🗌 Employer
Other (Please Specify):	
Information, Notice of Action, Immigration Advising, SE	be released to the representative indicated above (i.e. – OP VIS reporting, I-20 pickup, etc.): ON / RECORD RELEASE
Information/Record :	
State the purpose for this release of information/records	5:
	PURPOSE
Purpose :	
receive a copy of these records upon request, and that and delivered to the Wayne State University Office of disclosures previously made by Wayne State University information is released subject to the confidentiality pr	to the release of my immigration records, that I have the right at this consent shall remain in effect until revoked by me, in writing International Students and Scholars. Any revocation shall not affer a prior to the receipt of my written revocation. I acknowledge that the ovisions of the Family Educational Rights and Privacy Act (FERP) tions, which prohibit disclosure of educational information without the trains, or as otherwise permitted.
Signature X	Date