



OFFICE OF SPECIAL SERVICES

Permission to Release Information

Student name _____ USW ID Number _____

I give the Director of the Office of Special Services (OSS) at University of the Southwest (USW) permission to release indicated information about me to the agency or individual listed below.

I understand that the OSS at USW will not release any information without my written permission unless legally required. Information may be released by phone, in person, in writing, or via electronic communication except when prohibited by USW policy.

Though USW cannot be responsible for the security of information once it is released, receiving individuals are instructed to be good stewards of sensitive information and to abide by confidentiality standards.

This release of information will stay in effect until I rescind it with my signature.

Agency: _____ Contact person: _____

Relationship: _____ Phone: _____

Mailing Address: _____

Email Address: _____

The reason for disclosing information is _____

Type of information to be disclosed (initial each)

- _____ Grades / GPA
- _____ Class Schedule / Enrollment
- _____ Progress Reports
- _____ Accommodations
- _____ Other (specify) _____
- _____ Other (specify) _____

Student Signature

Date

I rescind my permission to release information to this recipient.

Student Signature

Date