

CHOWAN UNIVERSITY

RELEASE OF NON-DIRECTORY INFORMATION

I, _____ herewith authorize Chowan University to release information concerning my academic progress that pertains to Chowan to:

My presence ___ is required ___ is not required when information is released to the above individual(s).

I understand that information concerning my academic progress includes, but is not limited to, my grades, my probation standing, my progress concerning agreements that I have made with my academic advisors, and other similar information. I also understand that this authorization for release of information will remain in effect until the expiration date noted below unless I personally request, in writing, that this authorization be invalidated prior to that date.

I also understand that official University certification of my academic record must be obtained from the Office of the Registrar (Columns administration building).

Signature

ID#

Date Signed

Expiration Date

NOTE: Information will only be released to the above individual(s) in person or by letter. Telephone requests for information will not be accepted.

REVISED: 4/18/06