

**AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS**

To facilitate release of information to a parent, guardian or other person listed below, I do hereby authorize Temple College to share, upon request, any and all financial, academic, disciplinary or other education records the university may have about me, with any of the following persons:

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

This authorization shall stay in effect for six(6) years or until such time as I may choose to revoke it.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's I.D. #

\_\_\_\_\_  
Date of Birth

Please be advised that a person may be able to receive a great deal of information from the college about a student, without explicit authorization by the student, if that person listed the student as a dependent on his or her most recent federal tax return.

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**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I hereby authorize Temple College ("TC") to release, to the extent permitted by law, any and all medical information that TC now has in its possession, or that it may create or receive from any third party in the future, including (a) my medical history, (b) information relating to my mental or physical condition, and (c) information related to treatment I have received, including alcohol and drug treatment information but **not** including HIV test results or psychiatric records, to any of the following person(s):

\_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

This Authorization allows TC to respond to any written request by such person(s) to review such information, which request may be made at any time for any reason. This Authorization expires six (6) years from the date that it is signed by me. I understand that I may revoke this Authorization at any time by notifying TC in writing of my revocation, and that I have a right to receive a copy of this Authorization.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Date