ATTACHMENT B

Student Authorization to Disclose Information to Third Parties BALL STATE UNIVERSITY

PLEASE PRINT OR TYPE	
Department or Office	
You are hereby authorized to disclose the following recorparty, or class of parties):	rds/information to (individual,
Subject to the following specifications:	
Type of records/information to be disclosed:	
Purpose(s) for such disclosure:	
Student should check if he/she desires a copy of records/information disclosed.	
Student's Signature	Date
Authorization received by	Date