

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 records/information to (individual, party, or class of parties):

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 _____