



AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT

Student # or Date of Birth: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden/Other Names: _____ Phone #: _____

Year/s attended: _____ Program attended: _____

I hereby authorize the Buffalo Educational Opportunity Center (EOC) to release the following applicable information:

Please check all that apply: Transcript Other _____

TO: 1. _____ 2. _____

To be picked up by student

By signing below, I authorize the Buffalo Educational Opportunity Center to release the information requested to the parties indicated. This consent will automatically expire one year after the date of my signature as it appears below.

Student Signature / Date

Office Use only: Received Date: _____
Completed by: _____ Date: _____