

LONGWOOD UNIVERSITY

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

This form will constitute my consent and authority to release my Longwood University disciplinary record information for a period of one year of the signed date of this form to:

_____.

This release is considered access only to records and is executed with full knowledge and understanding that the information is for official use only, and that the information will be fully safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it in the proper discharge of official or familial business.

I hereby release those persons or organizations to whom this authority is furnished, their employees, agents and officers, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Signature

Date

Type or Print Full Name

Student Number

Address

Telephone Number