



CONSENT TO RELEASE STUDENT INFORMATION

Student Name:

I, the undersigned, hereby authorize Columbia Southern University (CSU) to release information contained in my educational records to the following person:

INDIVIDUAL AUTHORIZED TO RECEIVE EDUCATIONAL RECORD INFORMATION				
Legal Name	Last:	First:	Middle:	
Address Line 1				
Address Line 2				
	City:	State:	Zip:	
Country		E-Mail		
Home Phone	() -	Work Telephone	() -	Ext.
RELATIONSHIP TO STUDENT				
<input type="checkbox"/> Family Member <input type="checkbox"/> Employer <input type="checkbox"/> Attorney <input type="checkbox"/> Other				

I understand that by signing this form, information included in my educational records may be released orally or in the form of copies according to the requester's preference and this consent will remain in effect until revoked by me, in writing, and mailed to the CSU Department of Student Services.

Name (print):

Signature:

Student ID Number:

THIS FORM MUST BE SENT TO THE FOLLOWING ADDRESS:

ATTN: Registrar
 Columbia Southern University
 P.O. Box 3110
 Orange Beach, Alabama 36561
 251.224.0575 (FAX)