

# Student Release of Academic Information to Advisor

Date request received. \_\_\_\_\_

To:  
Office of Student Affairs  
John A. Burns School of Medicine

From: \_\_\_\_\_ Class of \_\_\_\_\_  
Print student name

I hereby request release of the following information:

\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_

By: e-mail to: \_\_\_\_\_

By Campus mail to (location): \_\_\_\_\_

By other means (specify address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the purpose of: \_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

*For Office use only:*

Date sent: \_\_\_\_\_ By: \_\_\_\_\_