Student Release of Academic Information to Advisor

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: _______________

OSA 10/09