

**UNK AUTHORIZATION OF DISCLOSURE CONSENT FORM**

I, \_\_\_\_\_  
*(Name of Student)*

authorize \_\_\_\_\_  
*(Individual/Department/University)*

to disclose to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Name, title, and address of person(s) to which disclosure is to be made)*

the following identifying information from my records (specify extent or nature of information to be disclosed):

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

The purpose or need for such disclosure is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent (unless expressly revoked earlier) expires upon:

\_\_\_\_\_  
*(Specify date, event, or condition upon which it will expire)*

Signature of student: _____	Date: _____
Signature of witness: _____	Date: _____