## **Academic Records Power of Attorney Consent**

## **Student Information**

Full Name
Student ID Number
Date of Birth
Address
Attorney-in-Fact (Authorized Representative)
Full Name
Relationship to Student
Contact Information
Consent Details
Purpose of Consent
Coope of December Deventhed
Scope of Records Permitted
Duration of Consent

## **Authorization & Signature**

Student Signature			
Date Signed			