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## *Student Authorization for Release of Information*

I, the below identified person, do hereby release the following records and/or information described below:

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<b>Print Name</b>	<b>Social Security Number</b>	<b>UID</b>
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\_\_\_\_\_

<b>Signature of Student</b>	<b>Date</b>
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\_\_\_\_\_

Name of person/organization information is to be released to and purpose of request.

\_\_\_\_\_

Address	City	State	Zip Code
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\_\_\_\_\_

Phone	FAX
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I understand that this release will include information I checked below:

All information contained in my **Student Employment File**

Specific information:

**Other**

\*\* Employment verification can take up to seven business days. Please provide phone number including area code for any questions pertaining to your employment. \_\_\_\_\_.

Upon completion of employment verification: (please check one)

I will pick up my letter (photo ID required.)

Please FAX to number above.

Please mail letter to address above (must include a stamped envelope for off-campus locations.)

This information may be transmitted by mail or in person. A new authorization form will remain in effect for the current academic year and until the first day of the next academic year unless I specify otherwise in the space to follow:

\_\_\_\_\_

I understand that this authorization may be withdrawn at any time in writing except to the extent that action has been taken.