

The University of Iowa  
Consent to Release of Information  
The Academic Advising Center

Name \_\_\_\_\_

ID# \_\_\_\_\_

I, the undersigned, hereby authorize the Academic Advising Center to disclose and/or deliver to:

\_\_\_\_\_

information regarding my academic standing and situation.

I understand that the information is to be used for:

\_\_\_\_\_

Specify

This authorization will automatically expire one year from date of signature except as specified

\_\_\_\_\_ (specify number of days or months). At that time no express revocation shall be needed to terminate any consent.

I understand that I may revoke this consent at any time by sending a written notice to the director, an assistant director or my advisor at 100 Pomerantz Center, Room C210, The University of Iowa, Iowa City, IA 52242. I understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

In order for the above information to be released, you must sign above.