



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Office of International Research, Education, and Development

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AUTHORIZATION FOR RELEASE OF INFORMATION

If you, the student, wish for us to discuss information regarding your study abroad program with anyone, including your parents, please complete this form. This release is effective from the dates of month / day / year to month / day / year.

Please note that after the end date on this form (above), the Office of International Research, Education, and Development will no longer discuss your study abroad information with anyone.

I, Student Number, give permission for the following persons to have access to my study abroad information and records.

Name Relationship to student

Name Relationship to student

Name Relationship to student

Name Relationship to student

Name Relationship to student

Student's Signature Date

Student's Phone Number Email