CONSENT FOR DISCLOSURE OF EDUCATION RECORDS

I,	, authorize Central Connecticut State University,
(name of student)	
to release the following records: (Give detailed description of rec	
·	
To the following individuals or (Identify by name and address o	organizations: or class of parties to whom disclosure may be made)
	,,,,,,,,
Disclosure is authorized for the	following purpose(s):
Student Signature	
Student Signature	
Date	