

## Authorization to Disclose Information

By completing this form, you agree to allow Graduate School of Arts and Sciences employees at Brandeis University to disclose your information as outlined below to the party or parties named below.

Date: \_\_\_\_\_

Applicant/Student Name: \_\_\_\_\_

I approve of the release of my information to the following individuals or organizations:

|       |                                   |
|-------|-----------------------------------|
| _____ | _____                             |
| Name  | Relationship to Applicant/Student |
| _____ | _____                             |
| Name  | Relationship to Applicant/Student |
| _____ | _____                             |
| Name  | Relationship to Applicant/Student |

I approve of the release of my information to any prospective employers who contact GSAS

I approve the release of the following information to the people and/or organizations named above:

Admissions information (including, but not limited to, documents received, admission status, dates of application and admission)

Financial information (including, but not limited to, financial aid, charges on accounts, and stipend information)

Student status information (including, but not limited to, residency, degree(s) awarded, and academic standing)

Consent to disclose records will remain in effect until the student sends a written request to revoke consent to [gradschool@brandeis.edu](mailto:gradschool@brandeis.edu).

\_\_\_\_\_  
Applicant/Student Signature

\_\_\_\_\_  
Date