



(please print clearly)

Last Name	First Name	Cornell ID
Telephone # <small>(area code) xxx - xxxx</small>	Expected Graduation Date <small>(month/year)</small>	Current Term <small>(spring, summer, fall)</small>

I, _____, hereby authorize the School of Hotel Administration and Cornell University to release the following educational records and information:

- All education records, including my transcript and any file maintained by the School of Hotel Administration or the University about me; or
- The following education records and information (identify records or types of records):

For the following reason(s):

- educational purposes
- job related
- other (give reason below)

The records should be released to:

(Name and address of person/agency to receive or be given access to information)

I understand this release authorization remains in effect for one (1) year from the date it is filed or until I submit a written notice to revoke it.

Student Signature: _____ NetID _____ Today's Date _____

Official Use Only	Processed by:	Date:
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