

North Carolina State University
The Graduate School

AUTHORIZATION TO RELEASE INFORMATION

I, _____ (*name of student*) _____ (*student ID number*)
give permission to the Graduate School to release the information listed below from my
educational record to:

TO WHOM IT MAY CONCERN, or

Name: _____

Address: _____

for the purpose of _____

INFORMATION TO BE RELEASED

I have completed all of the requirements for the _____ *degree* in
_____ *curriculum* which will be conferred on _____ *date*

Other

THE GRADUATE SCHOOL may have access to and release any information in my
educational record for the purpose stated above.

Student's signature _____ Date: _____ Phone: _____

PLEASE CHECK ONE:

Please mail this information directly to the person listed above.

Please mail it to me at the following address: _____

I will pick this letter up from your office on _____ (*date*)

(Allow 5 days from request date)

Student Signature/Date (or attach): _____

For Graduate School Use Only:

Date Thesis was reviewed _____ Date Thesis was approved _____

Cleared for letter by _____ (*signature*) _____ (*date*)