

**WAIVER: RELEASE OF INFORMATION FORM**

**STUDENT NAME** (FULL & LEGAL)

**PHONE NUMBER**

**EMAIL**

**MAILING ADDRESS**

I, \_\_\_\_\_ hereby authorize New Image College to release to the third party(ies) below the following information regarding:

- Full Record
- Academic Performance
- Attendance

To the following Third Party(ies):

**NAME**

**PHONE NUMBER**

**EMAIL**

New Image College requires your written permission before we can release specific information to third parties. This waiver is in effect until you withdraw your permission, in writing, to New Image College, or turn 19 years of age.

**STUDENT SIGNATURE**

**DATE**