AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION
REQUEST FOR LETTER OF RECOMMENDATION AND/OR REFERENCE

Print Student Name: _____
First MI Last

Student ID #_____ **Phone # ( )_____**

Previous Name (if applicable):_____

I authorize Mississippi State University and its employee (listed below) to disclose and release any and all student record information related to me to the following person or entity identified below. This authorization shall remain effective unless and until I rescind the authorization in writing and provide the written rescission to the appropriate University officials and the University employee to whom this authorization is directed.

Faculty/Staff Member with Authorization to Provide Information:_____

These records should be released to the following individual or organization:

Print name and address of the person/organization:

In return for the University and its employee providing the requested information to the person/entity identified above, I hereby agree to indemnify and hold harmless Mississippi State University, and its officers, employees, and agents in both their individual and official capacities, from liability of any nature resulting from the disclosure/release of the information.

Student Signature:_____Date:_____

Mailing Address: _____

_____

This form must be notarized if you are unable to personally come to the office with identification.

Notarization of Student's Signature

State of
County of

Subscribed and sworn to (or affirmed) before me this the ____day of _____, _____.

_____ _____ Seal
Commission Date Notary Public