

**NORFOLK STATE UNIVERSITY
RELEASE OF INFORMATION AGREEMENT**

I, _____, authorize

First Name Middle Initial Last Name

Norfolk State University to release information concerning my academic grades, financial standing, and any disciplinary matters for the tenure of my enrollment with Norfolk State University, to the person(s) listed below.

Release to:

- (1) _____
(Print Name)
- (2) _____
(Print Name)
- (3) _____
(Print Name)

Student's Signature: _____

ID # _____ Date _____