

Office of Graduate Admissions

AUTHORIZATION FOR RELEASE OF ADMISSIONS INFORMATION TO THIRD PARTY

I, _____, hereby authorize the Office of Graduate Admissions at Quinnipiac University to release information pertaining to my admissions application and file contents to the following person(s):

Third Party Name:	_____
Address:	_____ _____ _____
Telephone:	_____
Email:	_____

Student Signature _____ Student I.D.

Date _____