

**Thomas Jefferson University**  
**Permission to Release Education Record Information**

**Requested By (Student):**

Last Name                      First Name

Campus Key

Jefferson School/Major

**Release to (Recipient):**

Last Name                      First Name

Organization/School

Address

City, State, Zip

**Education record information to be released:**

**Purpose of release:**

I give permission for Thomas Jefferson University to release the specified information to the recipient listed above.

**Student Signature**

**Date**