



Student Release

Office of the Registrar · 79 New Montgomery Street · San Francisco, CA 94105 · Phone 415-618-6454 · Fax 415-618-8237

I, _____ ID # _____

hereby authorize Academy of Art University to release information regarding my enrollment and academic performance, including classes, attendance, graduation and academic/financial standing to the following person/people:

	Relationship:	
	Relationship:	
	Relationship:	
	Relationship:	

ADDITIONAL COMMENTS

STUDENT SIGNATURE

Signature _____

Date _____