



CONSENT TO RELEASE INFORMATION/DOCUMENTS

Student Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____

Email: _____

I hereby acknowledge that City University of Seattle will provide information regarding my admission, payment, enrollment status, and, if applicable, accommodation in the CityU sponsored residence hall, to the following agent/institution:

Individual/
Agent/Institution Name: _____

Address: _____

Phone/Email: _____

Student signature: _____

Date: _____

Please mail or submit scanned copy to your advisor or iso@cityu.edu. Thank you!