



Dean of Student Affairs Office
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Authorization to Release Education Records to a Third Party

Full Name: _____ **Student ID#:** _____

Address: _____

Email address: _____ **Phone:** _____

I hereby authorize the Office of the Dean of Student Affairs at Tufts University to release education records relating to me, and information contained in those education records, as described below:

Information to be released:

Purpose(s) for which the information may be disclosed:

The information may be released to the following person(s) or organization(s) (include contact information to which you would like this information sent):

Signature: _____ **Date:** _____