



**INFORMATION RELEASE AUTHORIZATION**

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Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Current Address

E-mail Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

I authorize the University of Washington School of Law to release

\_\_\_\_\_ a letter confirming my enrollment and good standing

\_\_\_\_\_ the following records/information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the person and/or organization at this address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date