Release of Information Declaration

(Only one allowed per student)

Please print all items except signature

I, _____,
(Student's Full Name)

Date of birth _____, (for identification purposes),

hereby declare that _____,
(Name of individual or agency)

located at _____

email address:_____

is authorized to inquire about and have access to information about my application to Murray State University. I hereby authorize Murray State University to discuss my application and admission status with the above named individual until further written and signed authorization from me.

In addition, I request that you send all correspondence about my application to both the above named individual and me to further expedite my application process.

_____ _____

Signature of Student Date (mm/dd/yyyy)