

AUTHORIZATION FOR RELEASE OF RECORDS

To: The Office of Student Records, University of Dallas Graduate School of Management

From: _____
Name of Student Student ID #

I hereby authorize the University Of Dallas Graduate School Of Management to release my academic records, including but not limited to grades, attendance, enrollment status and financial records to the person or company named below:

Name(s) of person(s) or company

Signature of Student Date

**PLEASE RETURN THIS FORM TO THE GSM OFFICE OF STUDENT RECORDS
1845 East Northgate Drive
Irving, TX 75062-4736
Fax: 972-721-5254**