



Student Release

Office of the Registrar • 79 New Montgomery St., 3rd Floor • San Francisco, CA 94105 • Ph 415-618-6454 • Fx 415-618-8237

I, _____ ID # _____ hereby authorize Academy of Art University to release information regarding my enrollment and academic performance, including classes, attendance, graduation and academic/financial standing to the following person/people:

| | | |
|--|---------------|--|
| | Relationship: | |
| | Relationship: | |
| | Relationship: | |
| | Relationship: | |

Additional comments:

Student Signature _____

Date _____