

State University of New York at Oswego
7660 State Route 104
Oswego, NY 13126
315-312-2500
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LETTER OF REFERENCE REQUEST FORM

I understand that SUNY Oswego must obtain consent from me to release personally identifiable information to third parties. By checking the following boxes and signing this form I am consenting to the release of the following information.

Disclose Do Not Disclose

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Class Attendance |
| <input type="checkbox"/> | <input type="checkbox"/> | Grades |
| <input type="checkbox"/> | <input type="checkbox"/> | Degree Progress/Graduation Information |
| <input type="checkbox"/> | <input type="checkbox"/> | Class Schedule |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal Evaluation/Behavior Assessment |

I hereby authorize _____ to release the information above as denoted by the disclose boxes.

Student Name

Student Signature

Date

This information should be sent to:

