California Miramar University
"Educating Tomorrow's Business Leaders Today"
9750 Miramar Road, Suite 180 San Diego, CA 92126
(858) 653-3000 • www.calmu.edu

Consent to Release Student Information

I, the undersigned authorize California Miramar university to release information contained in my student records to the following individual:

INDIVIDUAL AUTHORIZED TO RECEIVE EDUCATIONAL RECORD INFORMATION
LEGAL NAME Last:_____ Middle: _____ First:_____
PERMANENT MAILING ADDRESS Mailing Address:_____ Apt./Suite:_____ City:_____ State:_____ Zip Code:_____ Country:_____ Intl. Postal Code:_____ Email Address:_____
HOME TELEPHONE ( ) -
ALT. TELEPHONE ( ) - Ext:
RELATIONSHIP TO STUDENT ☐Family Member ☐Employer ☐Attorney ☐Other

I understand that by signing this form, information included in my student records may be released either orally or in the form of copies to the individual listed above, via email, fax or print, and this consent will remain in effect until revoked by me in writing and mailed to the Department of Student Services at the address listed below.

_____ _____
Student/Graduate Name (please print) I.D. Number

_____ _____
Signature Date

To submit, please send this form to the following address:

California Miramar University
Department of Student Services
Registrar
9750 Miramar Road, Suite 180
San Diego, CA 92126