



**DEPARTMENT OF BIOLOGY**

**Student Information Release Consent Form:**

I do hereby grant my permission to the faculty of the Department of Biology to discuss matters related to my academic performance with the following individuals:

Printed Name

Relation

_____	_____
_____	_____
_____	_____
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\_\_\_\_\_  
**Printed Name of Student**

\_\_\_\_\_  
**Student ID#**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**