

HOUSING RECORD RELEASE CONSENT FORM

To be completed by the current or former CUA student requesting information

Student Last Name _____ Student First Name _____

Student ID# _____ Phone Number _____ Date _____

Information to be released:

For what reason:

To whom:

Preferred Method of Delivery: *please note, requests may take up to 3 business days to process*

*Pick-up**

Fax

U.S. Postal Mail

Date _____ # _____ Address _____
By _____ To _____

****Please bring Cardinal card to pick-up***

I hereby grant authorization to the Catholic University of America to release my above referenced educational records to the parties listed on this form. It is my understanding that the party to whom the education record information is released may not disclose that information to any other party without my written consent.

Student's Signature _____ Date _____

Please submit to the Office of Housing Services at 102 Millennium North. or as a scanned e-mail attachment to cua-housing@cua.edu