



THE CATHOLIC UNIVERSITY OF AMERICA
Office of Housing Services
 Washington, D.C. 20064
 202-319-5615

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 _____ Email _____

Today's date and 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 South. You may also submit via fax to 202-319-6262, or as a scanned e-mail attachment to cua-housing@cua.edu
Please note: Incomplete requests may result in delayed processing.