

MIT Office of Student Conduct and Community Standards

77 Massachusetts Ave., W20-507, Cambridge, MA 02139

617-258-8423 osccs@mit.edu

Student Authorization to Release Education Records to a Third Party

Full Name: _____

MITID: _____ Date: _____

Address: _____

Email: _____ Phone: _____

I hereby authorize the Office of Student Conduct and Community Standards of the Massachusetts Institute of Technology (“MIT”) to release education records relating to me, and/or information contained in those education records, as described below:

Information to be released:

Purpose(s) for which the information may be disclosed:

The information may only be released to the following person(s) or organization(s), including contact information:

Signature

Date