

Name _____

G. STUDENT RELEASE OF INFORMATION (OPTIONAL)

This is to certify that I (print name) _____
hereby give my consent for the release of any information regarding my health status or
information which is on file at the Milwaukee School of Engineering to the following
persons:

Name

First Name

Last Name

Address

Street

Phone

City

State

Zip

Name

First Name

Last Name

Address

Street

Phone

City

State

Zip

Name

First Name

Last Name

Address

Street

Phone

City

State

Zip

Name

First Name

Last Name

Address

Street

Phone

City

State

Zip

Student Signature _____ Date _____