



RELEASE OF INFORMATION

By completing and signing this form, a Michigan Jewish Institute student permits MJJI to exchange information, upon request, with the parent, counselor or other interested party named below by the student. Unless specifically restricted, this would include but not be limited to information about enrollment, financial aid awards, attendance and grades.

I _____ hereby grant the Michigan Jewish Institute
STUDENT'S NAME (PLEASE PRINT)

and its employees permission to release (check one):

ANY information

or ONLY the following information: (if filled in)

it has about me to:

PRINT NAME OF PARENT(S), COUNSELOR OR OTHER INTERESTED PARTY THIS RELEASE IS FOR _____

This release is to remain in force from today's date (as indicated next to my signature) until _____ or until I file a revocation of information release, whichever date comes first.

I also acknowledge that I understand that once MJJI releases information to a third party, that third party may in turn disclose it to someone else and that third party may not in any way be restricted by MJJI's policies and procedures regarding disclosure of confidential information.

A photocopy or facsimile of this Release of Information form shall be considered as effective and valid as the original.

All the above has been explained to me and all my questions regarding this release have been answered to my complete satisfaction.

Signature

Date

Print Name

Social Security Number