



AURORA UNIVERSITY

**OFFICE OF RESIDENCE LIFE
RELEASE OF INFORMATION**

Name (please print): _____

Student ID #: _____ Date: _____

I, _____, authorize the Office of Residence Life to release the following information regarding (please initial):

_____ Behavioral Information

_____ Medical Information

_____ Other: _____

This information may be released to the following person(s) or agencies (please initial):

_____ Parent(s)/Guardian(s): _____

_____ Landlords/Rental Agencies

_____ Employer: _____

_____ Other: _____

Student's Signature: _____ Date: _____