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RELEASE OF INFORMATION

This is to certify that I give permission to the following faculty members of the School of Urban and Regional Planning to access my official transcript(s) and current graduate record from my official file. This information is solely for the purpose of preparing references on my behalf.

U Other information (please specify) _____

U Ajay Agarwal

U Patricia Collins

U David Gordon

U John Meligrana

U Andrejs Skaburskis

U Leela Viswanathan

U Graham Whitelaw

I give permission for the Admissions Coordinator to access my student/graduate record in order to fulfill the duties of the coordinator's position, such as evaluating eligibility for funding.

Yes No

I give permission to release my address, phone/fax number and e-mail address to current members of the SURP community for the purpose of ease of communication.

Yes No

Please print name

Signature

Date: _____