



RESIDENTIAL LIFE

GUSTAVUS ADOLPHUS COLLEGE

CONSENT FOR THE RELEASE OF PRIVATE INFORMATION

I, _____
(Name of Student)

hereby authorize _____
(Person or organization making disclosure)

to release information, as described below, to **THE DIRECTOR OF RESIDENTIAL LIFE AT GUSTAVUS ADOLPHUS COLLEGE.**

I understand that information released pursuant to this signed authorization will be used for legitimate College purposes to determine whether I am eligible for a reasonable housing accommodation or other uses as authorized by law, and that access to it will be limited to persons whose work assignments reasonably require access to accomplish the purposes stated above. I understand that I may revoke this consent at any time and that, in any event, it expires automatically as described below.

This consent expires within one year of this date or when the purposes for which it was granted have been accomplished, whichever occurs first.

The person named and signing below is an applicant or resident, or is the adult guardian of a minor child who is an applicant or resident, of a Gustavus residential facility. By my signature below, you are authorized to provide the information described above about me, or the minor child.

Executed this _____ day of _____, _____.
(day) (month) (year)

(Signature of Student)

(Signature of Parent or Guardian,
if Student is a minor)

Please return completed release form to the Residential Life office.

MAKE YOUR LIFE COUNT

Department of Residential Life
DIRECT 507-933-7529 | FAX 507-933-6197 | reslife@gustavus.edu
800 West College Avenue | St. Peter, Minnesota 56082-1498 | gustavus.edu/reslife