

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize California Western School of Law to release non-directory and related information regarding my enrollment at CWSL to the following person(s) or institution(s):

Name: _____

Address: _____

Please note: A request for transcripts or other official documents must be separately requested from the Office of the Registrar.

I affirm that I have carefully read the foregoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily, knowingly and with the intent of being legally bound. I also understand that I may revoke any part or all of this authorization at any time upon submission of a written statement to CWSL.

Student's Signature

Date

Student's Name (please print)

Student's Identification Number