



Office of Housing and Residence Life

Student Consent for Release of Records

To: Office of Housing and Residence Life
George Mason University
4450 University Dr. MSN 3F6
Fairfax, VA 22030

From: _____
Name of Student Social Security Number

Street Address City State Zip

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

I, therefore, request that the information listed below be released to the following:

Name Relationship

Street Address City State Zip

Information to be released:

Purpose of information release:

Student Signature Date