

CONSENT TO RELEASE INFORMATION

I hereby authorize the Florida State University College of Law Office of Admissions & Records to release my academic information (i.e. transcripts, class rank, or GPA), which may be on file with the Office of Admissions & Records as indicated below (check all that apply):

- _____ To the Editors (or representatives) of the College of Law journals: *The Florida State Law Review*, the *Business Review*, the *Journal of Land Use and Environmental Law*, or the *Journal of Transnational Law and Policy* should my grade point average make me eligible for membership consideration on any of these journals.
- _____ To a College of Law clinical faculty member (or representative) if I am selected for participation in one of the College of Law's clinical externship programs: the Family Law Clinic, Children's Advocacy Clinic, or other clinical externship program.
- _____ To the College of Law's Placement Office Director (or representative) should I elect to participate in On Campus Interviewing (OCI) or other forms of placement assistance through the Placement Office whereby academic information is required by prospective employers.
- _____ I hereby authorize the Florida State University College of Law to publish my name and class year on the membership list of *The Florida State Law Review*, the *Business Review*, the *Journal of Land Use and Environmental Law*, or the *Journal of Transnational Law and Policy*, if applicable.

I understand that I may access my academic records during the regular business hours of the Office of Admissions upon providing a copy of my state-issued driver's license and/or Florida State University student ID card. I further understand that if I do not request such records in person, I must submit a completed Records Request Form. I consent to receiving copies of my records in the following manners (check all that apply).

- _____ Email (official FSU email address, if an alternate is not provided by me)
_____ Fax
_____ U.S. Postal Mail (on file in the Office of Admissions)

Print Name: _____

Signature: _____

Date: _____

Please complete and return this form to the following address:

*Florida State Law
Attn: Office of Admissions & Records
425 West Jefferson Street
Tallahassee, FL 32306-1601*