



TO: Office of the University Registrar

From: _____

I hereby authorize your office to release the following information to the Student Association:

- If I am a currently registered undergraduate student at Binghamton University.**
- If I am a currently registered graduate student at Binghamton University.**

Should the Student Association request this information again, you have my authorization to release this information at any time.

Signature: _____

Print Name: _____

Date: _____ SSN# _____ ID# _____

Binghamton E-Mail _____

Cell Phone Number _____

Anticipated Graduation Date: MM/YYYY _____