



Student Employment Release of Information Consent

**STUDENT
EMPLOYMENT
OFFICE**

Tempe campus
PO Box 870412
Tempe, AZ 85287-0412
Student Services Building,
Second Floor
Phone (480) 965-5186
Fax (480) 965-9816
seo@asu.edu

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
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SECTION B: REQUIRED ACTIONS

1. Complete remainder of this form specifying the release of your employment records.
2. Return this form to your employer where it will be kept on record for future employment inquiries.

SECTION C: CONSENT TO RELEASE

EMPLOYMENT RECORDS TO BE RELEASED
PARTY OR CLASS OF PARTIES TO WHOM DISCLOSURE OF RECORDS MAY BE MADE
PURPOSE OF THE DISCLOSURE

SECTION D: CERTIFICATION STATEMENT & SIGNATURE

By presenting a signed and dated copy of this Consent to Arizona State University, Student consents to the release by ASU of the Records to the Authorized Recipient(s) for the Purpose identified above. The Student further agrees that ASU may discuss the information contained in the Records with the Authorized Recipients. This Consent applies to educational records that may otherwise be protected under the Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g.

STUDENT SIGNATURE	DATE
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