

**AUTHORIZATION TO RELEASE STUDENT'S
ACADEMIC AND PERSONAL DATA**

OFFICE OF THE REGISTRAR
Arellano University School of Law
Pasay City

Dear Sir/Madam:

This is to authorize Arellano University School of Law (AUSL) through its Registrar or authorized representative, to disclose information relating to my academic, personal, and related data, and to issue/release my relevant documents, electronic or otherwise, to the following employer, school, institution, or third-party verifier, or agents:

for the following purpose/s:

within the period adequate and necessary to respond to such verification or inquiry, or until:

I hereby certify that this express authority for the AUSL to give and release, and the identified recipient or third-party to receive, unless otherwise specifically set forth above, covers: (a) any background information about me on matters pertaining to academic references, school and civil records, status and disqualification information, certificates, grades, honors, licenses, education and credentials, personal and educational background, and other relevant background information found in the AUSL records, which is/are adequate, relevant suitable, necessary, and not excessive in relation to the above declared and specified purpose; (b) any information whether recorded in a material form or not, from which my identity as an individual is apparent or can be reasonably and directly ascertained by the entity holding the information, or when put together with other information would directly and certainly identify me as an individual; and (c) the act by AUSL of sending, receiving, storing or otherwise processing electronic data messages or electronic documents/information and any procedure related to the recording, transmission or storage of electronic data, electronic message, or electronic document that AUSL is required under this request/consent to release and transmit to the above recipient/s.

I am aware of the nature, purpose, and extent of the processing of my personal data including the risks and safeguards involved under/through this authorization; and I hold AUSL, its offers and agents, free and harmless from any and all claims for damages or liability caused or occasioned by AUSL's agreement to comply with my request/consent to third-party verification, covering my personal, academic, and other data being requested.

In witness whereof, I hereunto affix my signature this _____ day of _____ 20____ in the city of _____.

*(Sign over Legibly Printed Name &
attach a true copy of the Identification
Card Submitted to the Notary Public)*

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20____ in the City of _____, by affiant exhibiting to me his/her ID No. _____ issued at _____ on _____.

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Book No. _____,
Series of 20_____