

BOMI is authorized to release my information to the designated representative of the organization(s) listed below.

My Information

Name _____

Title _____

Email _____

Student ID (if known) _____ Phone _____

Preferred Mailing Address: Office Home

OFFICE

Company _____

Address _____

City _____ State ____ Zip Code _____

HOME

Address _____

City _____ State ____ Zip Code _____

Release To Information

Organization Name _____

Organization Name _____

Your Signature _____ Date _____