

## **RELEASE OF INFORMATION AUTHORIZATION**

| te of Request:                                     |   | Print Name:                |  |
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| ass (Check one): <u>1L 2L</u><br>(Current students |   | (Please print legibly)     | Phone #: ()<br>(Include area code & print legibly) |
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| A letter confi                                     | rming enrollment a  | nd/or good standing        |  |
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Per FERPA law, this form requires your written signature in order to be processed. Please fax or e-mail this form to the UNMSOL Office of the Registrar at • Fax (Secure): (505) 277-1597 • LSRegistrar@law.unm.edu.

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