



## Consent and Authorization to Disclose Information

I consent to and authorize the disclosure to \_\_\_\_\_ by Santa Clara University ("SCU") of any personally identifiable information from my educational records, including my email address, course registration, my full score test results and my grades relating to my participation in SCU's Certified Equity Professional Institute for any exam registrations that are paid for by \_\_\_\_\_. This consent and authorization will remain in effect for five (5) years from the date hereof unless a written revocation of this consent and authorization is delivered to SCU prior thereto.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date