



Marquette University
Graduate School of Management

INFORMATION RELEASE FORM

I give permission for Marquette University's Graduate School of Management to release information and/or to discuss my applicant file with the people listed below. This release is in effect for the duration of my studies or until I choose to cancel it. I acknowledge that to cancel this request I must contact the Graduate School of Management in writing, with my full name, signature and date of cancellation. Further, if I decide to assign new persons for authorization to my file, I realize I must complete an updated release form with the new people listed.

Student/Applicant's complete name:

List of authorize people to access student file. Must include first and last name.

Applicant/Student Signature

Date

Mail Form To:

**Marquette University GSM
David Straz Business, Executive Center #275
P.O. Box 1881
Milwaukee, WI 53201-1881**