

Communication Permission Form

Why CIE is collecting this information:

1. Many international students come to the United States without family and friends to assist them in their educational journey. We would like to obtain permission from you to release enrollment information if we reasonably believe someone should be contacted to check on your welfare. By signing this form, you are authorizing us to contact the person below and share information regarding your enrollment status, class attendance, and any reports from friends that you have not been seen on campus due to unexplained reasons.
2. We will not share any other information, such as your grades, disciplinary actions against you, and non-emergency health information.
3. In any event, the college is authorized to release some information about you to select persons, who need to know, in the event of health or safety emergency.

INTERNATIONAL APPLICANT - Please complete the information below:

I _____, born on _____, give permission for details regarding my
(First/Given and Last/Family Name) (Month/day/year)

admission status to be shared with the following person:

First/Given Name: _____ Last/Family Name _____

Relation to Applicant: _____

Telephone Number: _____ Email Address: _____

Street Address _____ Apartment Number _____

City _____ State/Province/Territory _____

Postal Code _____ Country _____

Disclaimer: *The collection of this information does not in any way obligate the college to contact the person above, or to share information.*

Applicant Signature:

Date:
