



PERMISSION TO RELEASE INFORMATION FORM

Name _____ ID# _____

Destination _____ Semester/Term _____

Major/Minor _____

I give MVNU permission to share my name and information about my off-campus travel experience with other students, faculty members, parents, and other interested parties: _____ Yes _____ No

I give MVNU permission to share my name and information with MVNU marketing, public relations staff, and other personnel, to be included in MVNU newspapers/magazines/other venues: _____ Yes _____ No

Student Signature

Date