

University of West Florida
Office of Diversity and International Education and Programs
INFORMATION RELEASE FORM



HOME COUNTRY: _____

The international student office receives requests from members of the community and/or fellow students regarding students from specific countries. Federal law protects your right to privacy; the International Student Office cannot release your name and/or contact information without your permission (*unless otherwise specified by federal regulations*).

If you are willing to speak with people who inquire about your home country or with other students from your country who would like to contact you, please complete this form and sign the statement below.

NAME: _____

EMAIL: _____

PHONE #: _____

I give permission to the International Student Office to release my name, email and phone number to other students or community members that inquire about my native country.

I understand that I am not obligated to respond to any of these requests. Such decisions are solely my responsibility.

Student Signature

Date