



UNIVERSITY OF MICHIGAN

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to share information regarding my academic progress and any other relevant information with the person or people named below. I understand that this permission expires one calendar year from the date this form was submitted.

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Printed Name of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_

UM ID \_\_\_\_\_

Date \_\_\_\_\_