

Semester _____ Date _____

Student name _____

Student number _____

By signing this document, I confirm my understanding of the condition to authorize the below-listed person to access my absences and results records, my final academic results and eventually any warning or suspension letter I might receive.

General condition:

- The authorized person needs to contact the Program Manager or the Programs Coordinator each time the information is needed. The information will be revealed to the authorized person only.
- The information to be revealed is subject to its availability.
- The authorization will be valid for the running semester only and once submitted cannot be revoked during the rest of the semester.
- All previous authorization will be automatically void when a new academic semester begins.

Authorized person's contact details

Authorized person's name _____

Relationship to the student _____

Contact phone number* _____

Contact email* _____

**to be used to verify the person's ID before delivering the student's information*

Student signature _____

After signing, save the document and email to: glion.reception@glion.edu
or print and bring to campus.