

# 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.

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## 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:**

\_\_\_\_\_