



Permission to Release Information

During the years that you attend the North Carolina State University College of Veterinary Medicine various organizations will request from the college, a list of student names, mailing addresses, e-mail addresses or telephone numbers. These organizations may include veterinary medical associations, trade publications, trade associations, etc.

Please sign the appropriate portion of the form below:

I give permission for my contact information to be released by the Student Services Office at the North Carolina State University College of Veterinary Medicine.

Print Name: _____

Signature: _____

Student ID#: _____

Date: _____

-OR-

I DO NOT give permission for my contact information to be released.

Print Name: _____

Signature: _____

Student ID#: _____

Date: _____