

**AUTHORIZATION FOR RELEASE OF INFORMATION  
RELATED TO NON-MEDICAL ACADEMIC EXCUSES**

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I hereby authorize the University of South Alabama to discuss with and/or release to the individual issuing the above-referenced excuse (attached hereto for reference) any and all educational records deemed necessary by the University for validation of said excuse.

This authorization is valid for one year or until revoked by me, whichever is earlier.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Jag Number of Student