

## Prospective Student Release of Information Form

**PLEASE PRINT**

Current Full Legal Name: \_\_\_\_\_

Former or Maiden Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Prior Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ to \_\_\_\_\_

I authorize \_\_\_\_\_ to release  
(Name of prior institute)

information in my student file to the following personnel at Middle Way Acupuncture Institute:

**Jessica D Biles, Registrar**

Middle Way Acupuncture Institute  
Co-op Building, Suite 334  
321 W. Washington St, Mount Vernon, WA 98273

360-336-6129  
jessica@mwai.edu

I may revoke this authorization at any time, provided that I do so in writing and submit it to the campus to which I am applying. The revocation will take effect when received, except to the extent that Middle Way Acupuncture Institute has already relied on it.

Legal Signature \_\_\_\_\_