



Third Party Release

Your privacy is important to the Residency Determination Service (RDS) and we will not share your data without your express permission.

I, _____, authorize Residency Determination Service (RDS), its respective employees, officers, agents, contractors, and assignees, to disclose any information related to my RDS requests for residency including initial consideration, reconsideration, RDS appeal, and SEAA appeal. I understand that this may include and is not limited to my social security number, wages and earnings, tax information, and federal benefits, etc. I also understand that the Authorized Third Party may also provide updated demographic information (such as email address and telephone number) related to the RDS process for him or herself or for me.

I further acknowledge that RDS has no control over how the Authorized Third Party may use or disseminate this information. I agree to release and hold harmless RDS, its respective employees, officers, agents, contractors, and assignees, from any and all claims of action or damages of any kind arising from, or in any way related to, the release or use of any information or records pursuant to this authorization.

Student Residency Certification Number (RCN): _____

Authorized Third Party:

- 1. _____ (Name)
_____ (Relationship to Student)
- 2. _____ (Name)
_____ (Relationship to Student)
- 3. _____ (Name)
_____ (Relationship to Student)

Student Name (Print): _____

Student Signature: _____ **Date:** _____