

## RELEASE OF INFORMATION

Date: \_\_\_\_\_

I, \_\_\_\_\_, authorise (EBU) The European Business Institute of Luxembourg and/or (EUNI) The European Institute of Luxembourg to release the following information:

---

---

---

---

---

---

to \_\_\_\_\_.

STUDENT:

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS:

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_