



Release of Information Declaration

Please print all items except signature

I, Harsukh Singh Chhabra (Student's Full Name)

born on 23/06/2006 (Date of Birth), hereby declare that

_____ (Name of individual or agency)

H.NO. WR 316/A, Gajala Nagar Basti Sheikh, Jalandhar (Address)

harsukhsingh002@gmail.com (E-mail)

is authorized to inquire about and have access to information about my application to Murray State University. I hereby authorize Murray State University to discuss my application and admission status with the above named individual until further written and signed authorization from me.

In addition, I request that you send all correspondence about my application to both the above named individual and me to further expedite my application process.

Harsukh Singh Chhabra
Signature of Student

03/10/2025
Date (mm/dd/yyyy)

STATEMENT OF EQUAL OPPORTUNITY

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information, contact the Director of Equal Opportunity, Murray State University 103 Wells Hall, Murray, KY 42071-3318. 270.809.3155 (voice), 270.809.3361 (TDD).