

Release of Information Authorization



Student Name: _____ ID Number: _____

I understand that no private information of any kind concerning any student will be released without specific written permission by the student.

Please note that this authorization is valid until **September 15** of the following academic year.

Yes	I am authorizing the release of specific information as indicated below: <i>Please check all that apply.</i>		
	Financial: This includes my outstanding balance, account history, and payment information.	Grades: This includes academic standing. Please note that in some cases you may be required to complete a transcript request or a request for letter form.	Registration: This includes program and year of study, as well as current and historical course work.
	First and Last Name of the person(s) you wish to authorize:		
	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature			Date

No	I do <u>not</u> authorize the release of my financial information, grades, or registration to any other person or entity.
_____	_____
Student Signature	Date

Office Use Only
Entered: _____
Confirmed: _____