

JACKSONVILLE

U N I V E R S I T Y

Student Authorization to Release Education Records to a Third Party

Print Student's Name: _____

_____ JU ID#

Circle item(s) of information to be released:

Academic

Financial

Student Life

The information may be released to the following person(s) or organization(s):

1. _____
Name Relationship

2. _____
Name Relationship

Provide a code word/number to be used when asked to release information over the phone.

I hereby grant authorization to Jacksonville University to release my above-referenced education records to the party or parties listed on this form.

Student's Signature

Date

This form must be submitted by the student to the Registrar's Office, 1st floor of the Howard Administration Building. The student will be required to show their JU ID card at time of submission.

Authorization Release Records Third Party 9-23-08/Forms/Letters & Forms/Regshare
Updated: 6/7/2011