



<b>For Office Use Only</b>	
Process Date	_____
Initials	_____

**File Authorization /  
Disclosure of Information**

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

**I authorize the following persons/institution/agency to receive information regarding my student records (please print):**

<b>1.</b>	_____	_____	Relationship	
	First Name	Last Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse
	_____	_____	<input type="checkbox"/> Father	<input type="checkbox"/> Other
	Phone Number	Address		
<b>2.</b>	_____	_____	Relationship	
	First Name	Last Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse
	_____	_____	<input type="checkbox"/> Father	<input type="checkbox"/> Other
	Phone Number	Address		
<b>3.</b>	_____	_____	Relationship	
	First Name	Last Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse
	_____	_____	<input type="checkbox"/> Father	<input type="checkbox"/> Other
	Phone Number	Address		

**I authorize the following offices to release information to the above named parties:**

- Business Office** *(Includes but not limited to: Cashiers Office, Accounts Receivable, Accounts Payable, and all Federal Perkins and Institutional Long Term Loans)*
- Registrar's Office** *(Includes but not limited to: Academic Standing, Grades, Transcripts, Major, Term Registration, Residency, Class Schedule)*
- Financial Aid**
- Housing and Residence Life**
- Dean of Students**
- Student Success Center** *(CFLAT, TOP, Career Services, Disability Services)*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Information will NOT be given over the phone. Persons requesting information in office must verify identity. All other requests must be in writing with a signature from the authorized person. This authorization is in effect until cancelled in writing by the student.**