STUDENT RELEASE OF ACADEMIC RECORD

A student may authorize the release of confidential information on from their educational record to a third party by completing this form.

STUDENT INFORMATION

Student Name (print) ___________________________ Student ID ___________________________

RECORDS TO BE RELEASED (CHECK ALL THAT APPLY)

_____ Academic Information (grades/GPA, registration, student ID number, academic process, enrollment status)

_____ Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)

_____ Loan Information (University-maintained loan disbursements, billing and repayment history, balances, collection activity)

_____ Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)

_____ Student Conduct Information (incident reports, witness statements, hearing records, outcome letters)

All records listed above

_____ Other (please specify): ______

PERSON TO WHOM RECORDS MAY BE PROVIDED

Name ___________________________

Title/Relationship to Student ___________________________

Address ___________________________

City ___________________________ State ___________________________ ZIP ___________________________

DURATION OF RELEASE (CHECK ONE)

_____ One-Time Use: This authorization can be used only once.

_____ Limited Use: This authorization expires on: ______

PURPOSE OF RELEASE (CHECK ONE)

_____ Family Communications

_____ Employment Admission to an Educational Institution

_____ Other (please specify): ______

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have the right to revoke this consent at any time through a written request. I hereby release King University, its employees, agents, officers, trustees, and other representatives from any claims arising from or related to the release of this information.

Student Signature ___________________________ Date ______

Last Revised: 07/2015