



## 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 I D

### RECORDS TO BE RELEASED (CHECK ALL THAT APPLY)

- Academic I information (*grades/ GPA, registration, student ID number, academic process, enrollment status*)  
 Financial Aid I 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