

## 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, 1<sup>st</sup> floor of the Howard Administration Building. The \_\_\_\_\_ student will be required to show their JU ID card at time of submission.