



GRACELAND UNIVERSITY AUTHORIZATION TO RELEASE INFORMATION

In accordance with the Family Educational Rights & Privacy Act (FERPA), Graceland University is required to obtain your written authorization to release student information to others.

Please complete this form indicating to whom we may release **ACADEMIC** information.
I hereby authorize Graceland University to release my midsession and final grade report to my parent(s) or other individuals named below. (Please type or print)

Name

Address

City, State, Zip

Relationship to Student

Name

Address

City, State, Zip

Relationship to Student

Please indicate to whom you would like your **FINANCIAL INFORMATION** released.
(INCLUDING FINANCIAL AID AND STUDENT ACCOUNT)

_____ I do not want information released to anyone other than myself and the parent(s) on whose income tax return I am a dependent.

_____ I do authorize Graceland University to release financial information to: (Please type or print)

Name & relationship (parent, spouse, etc.)

Name & relationship (parent, spouse, etc.)

Student's Name: _____

Address: _____ ID # _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ SSN: _____ / _____ / _____

Student's Signature

Date

Please return completed form to:
Graceland University / 1 University Place / Student Life Office / Lamoni, IA 50140
This consent is in effect until you change or terminate it.