## RELEASE OF INFORMATION Release of Student Bills / Grades to Other Parties

## Grade(s) and Academic Progress Release

I authorize the Offices of the Registrar, Academic Advising, and my advisors to discuss my grades and academic progress with the person(s) indicated.

Person(s) Name  Address  City State Zip  Phone Relationship to Student  Student Account - Financial Information Release  I AUTHORIZE Grand View to discuss my bill with the person(s) indicated.  Please send an additional statement to the addresses checked below.  Note: Please do not request multiple statements to be sent to the same address.  Person(s) Name  Address	Person(s) Name		
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Person(s) Name         Address           City         State         Zip           Phone         Relationship to Student           Person(s) Name         Address			
Address  City State Zip  Phone Relationship to Student  Person(s) Name  Address	Person(s) Name		sent to the same address.
City State Zip  Phone Relationship to Student  Person(s) Name  Address			
Phone Relationship to Student  Person(s) Name  Address	City		
Person(s) NameAddress	Phone		
Address			
	Person(s) Name		
City State Zip	Address		
	City	State	Zip
Phone Relationship to Student	Phone	Relationship to Student	
	l unde	erstand that this authorization will be in effect until r	rescinded or changed in writing.
I understand that this authorization will be in effect until rescinded or changed in wri	S	Student's Name (Printed)	Student's Signature
		Student's ID Number	
		Cladonico ID Manibor	Date

## Please return this form to:

The Registrar's Office, Grand View University 1200 Grandview Avenue, Des Moines, Iowa 50316