

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 _____

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 _____
City _____ State _____ Zip _____
Phone _____ Relationship to Student _____

Person(s) Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Relationship to Student _____

I understand that this authorization will be in effect until rescinded or changed in writing.

Student's Name (Printed)

Student's Signature

Student's ID Number

Date

Please return this form to:
The Registrar's Office, Grand View University
1200 Grandview Avenue, Des Moines, Iowa 50316