



Release of Information
Release of Non-Directory Information to Third Parties

I authorize Grand View University to discuss checked information from my educational records to the person(s) listed below.

Name

Address

City State Zip

Phone Home Cell Work Relationship to Student

Check all that apply Academic Financial Additional Bill Emergency Contact

Name

Address

City State Zip

Phone Home Cell Work Relationship to Student

Check all that apply Academic Financial Additional Bill Emergency Contact

Name

Address

City State Zip

Phone Home Cell Work Relationship to Student

Check all that apply Academic Financial Additional Bill Emergency Contact

Name

Address

City State Zip

Phone Home Cell Work Relationship to Student

Check all that apply Academic Financial Additional Bill Emergency Contact

I understand that this authorization will be in effect until rescinded or changed in writing.

Student Name (printed) Student Signature

Student ID Number Date