

Student Authorization for Release of Information

I hereby authorize officials from Amridge University to discuss or release information regarding my admissions, academic standing, grades, courses, and financial aid information to the following individual/organization:

Name/organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _Home (____) _____ Cell (____) _____

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Relationship to student: _____

Student Information

Student's Full Name: _____

Student's ID#: _____

Student's Signature: _____

Date: _____

FAX Completed form to 334.387.3878

University Use Only

Name of University employee processing request: _____

A signed copy of this document must be placed in the respective student's file prior to the release of any information authorized by this *Release*.