Student Authorization to Release Education Records to a Third Party

Name Relationship	Print Student's Name:			
The information may be released to the following person(s) or organization(s): 1	Circle item(s) of information	n to be released:		
1	Academic	Financial	Student Life	
Name Relationship Name Relationship Relationship Provide a code word/number to be used when as ked to release information over the phone. I hereby grant authorization to Jacksonville University to release my above-referenced education records to the party or parties listed on this form. Student's Signature Date This form must be submitted by the student to the Registrar's Office, 1	The information may be re	leased to the following	person(s) or organization(s):	
2	1			
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	Student's Signature		Dale	