



CONSENT TO RELEASE STUDENT INFORMATION

Student Name (please print full name): _____

Student ID: _____ Date of Birth: _____

I hereby authorize the people listed below to have access to and receive any information, over the phone, in person, or by mail, about (check all that apply):

Financial Aid Records

Billing/Account details (includes statements, charges, credits, payments, past due amounts, and/or collection activity)

Academic/Education Records (includes grades/GPA, registration, academic progress, enrollment info, attendance. *NOTE: requests for transcripts must be signed by the student, and are subject to standard fees*)

Disciplinary/Student Conduct Information

Name(s) of individual(s) to whom the above listed information may be released:

Name 1: _____ Relation: _____

Name 2: _____ Relation: _____

Name 3: _____ Relation: _____

Please provide a security question to which only you and the individual(s) listed above would know the answer:

Question: _____

Answer: _____

Please honor requests for my records by those individuals identified above. I acknowledge by my signature that I understand although I am not required to release my records to these individuals, I am voluntarily giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing and the revocation is received in the Registrar's Office at Murray State University.

Student Signature: _____ Date: _____

I revoke my consent to release student information, effective immediately.

Student Signature: _____ Date: _____

This form must be fully completed and personally delivered by the student (photo ID required) to the Registrar's Office, 112 Sparks Hall, Murray State University. All other delivery methods require that the student's signature be notarized.

OFFICE USE ONLY

Received by: _____ Date: _____ SPACMNT: _____ REVOKED: _____