

COMMONWEALTH INSTITUTE OF FUNERAL SERVICE

Student Authorization to Release Information Form

Instructions: This form is to be used by the student to grant access to their academic records, financial aid, and accounting information to other entities besides themselves, such as a parent, spouse, etc. When completing this form, please print all items clearly to allow for correct processing.

The Institute maintains two types of student education records: directory information and other student records. Directory information is considered public information and will be released by the Institute upon request, in accordance with existing law.

In signing this waiver, I _____, give Commonwealth Institute of Funeral Service permission to release selected items below to the recipient listed for the purpose of Accounting, Academic Records, and Financial Aid.

- All Records**
- Accounting-** (examples: tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information)
- Academic Records-**(examples: date of application, date of admission, dates of enrollment activity, enrollment status, residency status, quarters attended, grades received, GPA, academic progress, transfer credit awarded, degrees awarded and mailing address information)
- Financial Aid-** (examples: all general financial aid information)

PLEASE PRINT CLEARLY

- | | | |
|----|-------|--------------|
| 1. | _____ | _____ |
| | Name | Relationship |
| 2. | _____ | _____ |
| | Name | Relationship |
| 3. | _____ | _____ |
| | Name | Relationship |

I understand that this request is **permanent** and will remain in effect until I request in writing that the holds(s) be removed.

Print Student Name

Student Signature

Date