

STUDENT CONSENT TO RELEASE EDUCATION RECORD

To: Creighton University

Student's Name (print): _____
Last First Middle

I hereby consent to the release of the following information in my education record:

- entire education record maintained by Office of Registrar and Office of Student Financial Aid
- grades/GPA, academic progress status
- Office of Student Life disciplinary record, including pending matters
- Office of Student Financial Aid records
- Billing Office Record
- other: _____

I consent to the release of the above information to the following recipient:

Recipient Name: _____

Recipient Title: _____

Recipient Address: _____

Recipient Phone: _____

Recipient E mail: _____

Purpose of Request: _____

This release shall remain in effect unless I notify the University in writing that I want to revoke the release.

Date: _____ Student Signature: _____

-