



PERMISSION TO RELEASE RECORDS

Please clearly print all information – This authorization is required for all students who desire to be represented by a GU network office or other persons. Submit signed authorization with application or send to Global University Student Services by mail, fax, or scanned email attachment (studentservices@globaluniversity.edu)

Student ID #: _____ Date of Birth: _____
(Example: 05-JUL-1995)

Student Email: _____ Student Phone #: _____

Student Name:

First/Given Middle Last/Family

Student Mailing Address:

P.O. Box or Street Address

City, State, and Zip Code

Country

I authorize Global University to release all academic and financial records to and give authorization for my subjects to be ordered by the following (**select all that apply**):

GU Network Office

Name of GU Network Office GU Network Office Code

GU Network Office Email Address

Specified individual (spouse, parent, chaplain, pastor, etc.)

Name of individual: _____

Relationship to student: _____

This authorization is in effect until such a time that I contact Global University in Springfield, Missouri and withdraw my authorization in writing. I have read and understand Global University's cancellation and refund policy as it pertains to the specific level of courses (BSB, undergraduate, or graduate) that are being ordered.

Student Signature: _____ Date: _____