



## STUDENT RECORDS RELEASE AUTHORIZATION

Student Name: _____ Last First Middle Initial
Student ID#: _____

I hereby grant access to my  Academic  Financial (check one or both) Records to:

Name: \_\_\_\_\_  
Last First Middle Initial

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

I hereby grant access to my  Academic  Financial (check one or both) Records to:

Name: \_\_\_\_\_  
Last First Middle Initial

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

*The Official Policy of Mercer University with regard to protection of and access to student records is published annually in the Academic Information section of the Mercer University Catalog. Only categories of student information which have been determined by the University to be "directory information" (student's name, address, telephone number, date and place of birth, photograph, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational institution attended) may be released without the student's consent.*

**I hereby authorize Mercer University to release academic and/or financial information (as checked above) contained in my student records to the individual(s) listed above upon their request or upon the determination of appropriate University officials. I understand that this authorization will remain in effect until I submit a written request for changes to the Registrar's Office or Financial Planning Office.**

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

Return Completed Form to: Office of Student Financial Planning  
Mercer University – Regional Academic Centers  
1330 Edgewood Ave  
Macon, GA 31207