

**Briar Cliff University**  
**Authorization to Release Grade and Account Information**

I hereby authorize Briar Cliff University to mail my report card, account statement, and academic record information and notifications to:

\_\_\_\_\_  
PARENT/GUARDIAN NAME(S)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE ZIP

I understand that this authorization remains in effect until such time as I notify the Briar Cliff University Registrar in writing.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
STUDENT'S PRINTED NAME

\_\_\_\_\_  
DATE

Return to:  
Registrar's Office, Heelan Hall, Room 003