

Briar Cliff University
Withdrawal of Authorization
To Release Grade and Account Information

I have authorized 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 wish to withdraw the above authorization, and I take the responsibility of notifying the above person/s that I have done so.

STUDENT'S SIGNATURE

STUDENT'S PRINTED NAME

DATE

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