

**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

