Office of the Registrar/Office of Financial Planning
1400 Coleman Ave ● Macon, GA 31207- 0001

STUDENT RECORDS RELEASE AUTHORIZATION

Student Name:_____
Last **First** **Middle**

Student ID#:_____

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

Name:_____
Last First Middle

Relationship to Student:_____

Address:_____
Street Apartment

_____
City State Zip

Phone: (_____)_____

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

Name:_____
Last First Middle

Relationship to Student:_____

Address:_____
Street Apartment

_____
City State Zip

Phone: (_____)_____

To the Student

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