

Student Records & Registration

190 Kimball Building • Rexburg, ID • 83460-1640 • Phone: (208) 496-1000

Consent to Release Educational Records to Third Party		15-Jan-2016
Student Name:	I#	
As a student of BYU–Idaho I authorize the University following person(s):	ty to release my student education recor	ds/information to the
Name:	Relationship:	
Name:	Relationship:	
The University is authorized to release only the follostudent's initials and date for each type of information		n is indicated by the
All Student Education Records (listed below) Academic Standing Registration Transcript Grade(s) Information Class Schedule Withdrawal from University/Coursework Graduation Status Degree Requirements Other (please specify) Other (please specify) Authorization Statement I hereby authorize BYU–Idaho to release the indicate This authorization is considered valid until otherwise information is not authorized for release. Further, sul	ed information to the designated person e notified by the student in writing. All bsequent submission of a <i>Request to Wi</i>	other non-directory
Signature of Student*	Date Signed	
*Student must present a picture ID and sign this form Registration (SR&R) employee.	n in the presence of a BYU-Idaho Stude	ent Records and
Signature of BYU–Idaho SR&R Employee	Date Signed	
* This form can also be signed in the presence of a n	otary (below) in the event that the stude	ent cannot sign in SR&
STATE OF		
STATE OF) SS. COUNTY OF)		
On this day of, 20, bef appeared to be the person(s) whose name(s) is/are subscribed	fore me, a Notary Public in and for said of the within instrument, and acknowledges.	State, personally nown or identified to n lged to me that
he/she/they executed the same.		
	Notary Public of the State of	

Commission Expires: