Consent to Access Information

Name ____________________________ I.D. # ____________________________

This is to certify that I, the above named student whose signature appears below, authorize the faculty and staff of Pfeiffer University to release the following type(s) of information:

__ Academic, including grades, graduate audit, advisory, and academic status
__ Disciplinary, legal, and institutional
__ Financial, including fees, charges, and payments
__ Medical (physical and mental), including records and evaluations
__ Residential, including housing information and costs
__ Social, communal, and spiritual
__ All information of all types normally held by the University in any form

To the following individuals:

Name ____________________________ Relationship: ____________________________

Name ____________________________ Relationship: ____________________________

( If additional names, please list on the back of this sheet. )

This Consent to Access Information (unless rescinded in writing) is valid until the following date:

__ EITHER month: __ day: __ year: ____________
__ OR throughout my enrollment at Pfeiffer University

Student’s Signature ____________________________ Date __________

Witnessed by ____________________________ Date __________

__ np __ db