



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This Consent to Access Information(unless rescinded in writing) is valid until the following date: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