

EASTERN MICHIGAN UNIVERSITY

AUTHORIZATION TO RELEASE INFORMATION

Federal law prohibits EMU from discussing information with anyone other than the student, unless authorized in writing by the student. This is effective until all financial obligations are satisfied or the cancellation of release has been requested by the student.

Section I – STUDENT INFORMATION

Student's Name _____

E- Number _____ or SS # (last 4 digits) _____

Section II – AUTHORIZATION INFORMATION *(Please complete section I also)*

I authorize only the person or persons listed below to receive information

I Name _____ Relationship _____ SS# (last 4 digits) _____

E-Mail Address _____

II Name _____ Relationship _____ SS# (last 4 digits) _____

E-Mail Address _____

I authorize EMU to release the following information (Check all that apply)

- Academic Information: (including but not limited to) Grades, Enrollment Level, Course Selection
- Financial Aid Information: Satisfactory Academic Progress, Grade Point Average, FAFSA (Free Application for Federal Student Aid) Information, Award Amounts
- Student Account Information: Account Balances, Account Charges, Billing, Payments
- Early Alert Information: Holman Learning Center program during *first year only*

Section III – CANCELLATION OF RELEASE *(Please complete section I also)*

I request the person or persons' authorization listed below to be cancelled

I Name _____ Relationship _____

II Name _____ Relationship _____

I request the cancellation of the release of the following information (Check all that apply)

- Academic Information: (including but not limited to) Grades, Enrollment Level, Course Selection
- Financial Aid Information: Satisfactory Academic Progress, Grade Point Average, FAFSA (Free Application for Federal Student Aid) Information, Award Amounts
- Student Account Information: Account Balances, Account Charges, Billing, Payments
- Early Alert Information: Holman Learning Center program during *first year only*

Student's Signature _____ Date _____