

INFORMATION RELEASE FORM
MUST BE COMPLETED BY THE STUDENT

[Print and return in person]

**INDIANA UNIVERSITY SOUTH BEND
OFFICE OF THE BURSAR
ADMINISTRATION BUILDING
ROOM 101**

I _____ , give permission to The Office of the Bursar to release information regarding my bursar account to the following person(s), for as long as I am a student attending Indiana University South Bend or have an outstanding balance on my bursar account.

Name: _____	Relationship: _____
_____	_____
_____	_____
_____	_____

Student ID Number: _____
Signature: _____
Date: _____

NOTE: The student must return this form to the Office of the Bursar in person and provide a picture ID.