INFORMATION RELEASE FORM
MUST BE COMPLETED BY THE STUDENT

[Print and return in person to:]

INDIANA UNIVERSITY SOUTH BEND
OFFICE OF THE BURSAR
ADMINISTRATION BUILDING
ROOM 100

OR

INDIANA UNIVERSITY SOUTH BEND
OFFICE OF FINANCIAL AID & SCHOLARSHIPS
EDUCATION & ARTS BUILDING
ROOM 2003

I (please print) ______________________________ , authorize The Office of the Bursar
and The Office of Financial Aid & Scholarships to release bursar and financial aid
information to the following person(s), for as long as I am a student attending
Indiana University South Bend.

Name: ______________________________  Relationship: _______________________
   ______________________________  _______________________
   ______________________________  _______________________
   ______________________________  _______________________
   ______________________________  _______________________

Student ID Number: ______________________________
Signature: ______________________________
Date: ______________________________

NOTE: Student must return this form in person and provide a picture ID.