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
ADMINISTRATION BUILDING
ROOM 157

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.