



PERMISSION TO RELEASE RECORDS

Please clearly print all information — This form is required for all study group students, Assemblies of God ministerial credential applicants, or those who desire to be represented by other persons. Send signed form to Global University Student Services by mail, fax, or scanned e-mail attachment (studentinfo@globaluniversity.edu)

Student ID #: _____ Date of Birth: _____
(Example: 05-JUL-2013)

9a Uj`5XXfYgg _____ Phone #: _____

Student Name:

First Middle Last

Student Mailing Address:

P.O. Box or Street Address

City, State, and Zip Code

Country

I authorize Global University to release all academic and financial records to and give authorization for my courses to be ordered by the following (select all that apply):

Specified individual (spouse, parent, chaplain, etc.)

Name of individual(s): _____

Global University approved Study Group

Name of Study Group, Church, or Organization Study Group Account #

City, State, and Zip Code

Assemblies of God District Council

Name of District: _____

This authorization is in effect until such a time that I contact Global University in Springfield, Missouri and withdraw my authorization in writing. I have read and understand Global University's cancellation and refund policy as it pertains to the specific level of courses (BSB, undergraduate, or graduate) that are being ordered.

Student Signature: _____ Date: _____