

In keeping with the Family Educational Rights and Privacy Act of 1974, Life University keeps all records for students or prospective students on strictest confidence. As such, the Office of New Student Development of Life University will only discuss or correspond regarding your academic records directly with you, as our student or prospective student.

If you would like for the Office of New Student Development of Life University to be able to discuss your records with other designated persons, please indicate in the space provided. Return this form to Life University New Student Development as soon as possible so that it may be indicated in your records.

I, \_\_\_\_\_, hereby authorize the official representative of the Office of New Student Development at Life University to discuss and/or correspond regarding my records with the following persons.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

