Request to Share the Education Record

Instructions: Students who are part of a religious community or an organization that has applied for and has been approved for an account by the Finance Department must complete, sign, and submit this form. (The Billing Authorization Request may also be required.)

A. Student Data

Student id number

B. Community/Organization/Institution Data

☐ This community/organization/institution is the same as my billing information.
☐ This community/organization/institution has arranged my billing, but my billing address is different; therefore, I will ensure that my billing address is correct.

Name of diocese/institution/individual

Diocese/institution phone number

Contact person (if individual is not named above)

Contact person’s phone number

Title/position of contact person

Contact’s email address

Address

City, state    Zip

Fax number

C. Request Data

By signing below I authorize the release of my education record data to the defined individual and/or diocese/institution. Any information pertaining to me and/or my education may be released as noted. If there is a change in the contact person, I will notify the Registrar’s Office immediately in writing. If I am no longer a member of the diocese/institution, I will also notify the Registrar’s Office immediately. I understand and acknowledge that it is my responsibility to ensure that my record is updated and correct.

Student’s signature

Date