

Permission to Release Education Record Information

I, _____, give permission for Dominican University to release information regarding my tuition or phone account to the following people:

Name	Relationship
_____	_____
_____	_____
_____	_____

Note:

This release is valid for the duration of your stay at Dominican University. If you would like to change or cancel this release please contact Student Accounts at 708-524-6487.

Student Signature: _____

Student ID # _____ Date: _____

If you are unable to drop the form off at Student Accounts, please mail it to the Student Accounts Office:

Dominican University
7900 W. Division St.
River Forest, IL. 60305

You may also fax the form to 708-488-5045.