

INFORMATION RELEASE FORM
MUST BE COMPLETED BY THE STUDENT

[Print and return in person]

**INDIANA UNIVERSITY
OFFICE OF THE BURSAR
601 E. KIRKWOOD AVENUE
FRANKLIN HALL, ROOM 023
BLOOMINGTON, IN 47405-1223**

I _____, give permission to The Office of the Bursar to release information regarding my bursar account to the following person(s), for as long as I am a student attending Indiana University or have an outstanding balance on my account.

Name:	_____	Relationship:	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

Student ID Number: _____

Signature: _____

Date: _____

NOTE: The student must return this form to the Office of the Bursar in person and provide a picture ID.