

Release of Information

Bethel University

Name (Please Print): _____ Bethel ID#: _____

Bethel University has my permission to release to the people named below my academic record, any behavioral concerns, and other pertinent information pertaining to my status as a student at Bethel University.

This release will be in effect during the 20____ - 20____ school year(s).

Student Signature: _____ Date: _____

Father: _____
Last First Middle

Street Address Apt. No.

City State Zip

Mother: _____
Last First Middle

Street Address Apt. No.

City State Zip

Other: (Relationship) _____

Last First Middle

Street Address Apt. No.

City State Zip

❖ Please return completed form to the Office of the Registrar ❖