
Privacy Release Form

Sept. 2019

Student Name: _____ I-Number: _____

This form is intended to grant access to a third party. By filling out this form you are authorizing the sharing of personal information with the third party listed below.

As a student of BYU-Idaho, I authorize the University to release information relating to my personal account to the following person(s):

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Authorization Statement

I hereby authorize BYU-Idaho to release my financial information to the designated person(s) listed on this release. All non-directory information not relating to the students personal account is not authorized for release. If at some point I wish to change who is authorized to access my information, I recognize it is my responsibility to complete an additional release form which will nullify all forms previously kept on file.

Signature of Student*

Date Signed

*Student must present a government issued photo ID and sign this form in the presence of a BYU-Idaho Accounting Services Employee.

Signature of BYU-Idaho Accounting Services Employee

Dated Signed

Privacy Release Form-Notary

Sept. 2019

Student Name: _____ I-Number: _____

This form is intended to grant access to a third party. By filling out this form you are authorizing the sharing of personal information with the third party listed below. All notarized forms must be mailed in or brought to the Accounting Services Office. We cannot receive any notarized forms via email, fax, or any other electronic version.

As a student of BYU-Idaho, I authorize the University to release information relating to my personal account to the following person(s):

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Authorization Statement

I hereby authorize BYU-Idaho to release my financial information to the designated person(s) listed on this release. All non-directory information not relating to the students personal account is not authorized for release. If at some point I wish to change who is authorized to access my information, I recognize it is my responsibility to complete an additional release form which will nullify all forms previously kept on file.

Signature of Student*

Date Signed

State of _____

SS.

Country of _____

On this _____ day of _____, 20____, before me, a Notary Public in and for said State, personally appeared _____, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.

Notary Public of the State of _____

Residing at:

Commission Expires: