



**BAPTIST HEALTH
SCIENCES UNIVERSITY**

PERMISSION TO SHARE

Student Release of Confidential Information

Students may authorize the release of confidential academic information to parents/guardians or to a third party by completing this form and returning it to the Registrar's Office in Enrollment Services or mailing it to the Registrar's Office, 1003 Monroe Avenue, Memphis, TN 38104.

I, _____, grant permission to

(please print)

share my educational and financial records with the following when requested:

Home address to which requested information should be sent:

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____