



1211 S. Glenstone Avenue, Springfield, MO 65804 USA • Telephone: 1-800-443-1083 USA; 417-862-9533 Outside USA
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Permission to Release Records (USA)

This form is required for all applicants under the age of 18, study group students, Assemblies of God ministerial credential applicants, or those who desire to be represented by other persons. Submit this signed form by scanned email attachment to Global University International Student Services at studentinfo@globaluniversity.edu or if email is unavailable, mail to the address above.

Please clearly print all information.

Student ID: _____

Date of birth: _____
DD/MM/YYYY

Email: _____

Phone: _____

Name: _____

Last/Family

First/Given *Middle*

Address: _____

City *State/Province*

Postal code *Country*

I authorize Global University to release all academic and financial records to and give authorization for my courses to be ordered by the following (select all that apply):

Specified individual (spouse, parent, chaplain, pastor, etc.)

Name of individual: _____

Relationship to student: _____

Global University-approved study group

Name of study group, church, or organization *Study group account number*

City *State* *Postal code*

Assemblies of God District Council

Name of district: _____

This authorization is in effect until such a time that I contact Global University in Springfield, Missouri, and withdraw my authorization in writing. I have read and understand Global University's cancellation and refund policy as it pertains to the specific level of courses (BSB, undergraduate, or graduate) that are being ordered.

Student signature: _____

Date: _____
DD/MM/YYYY