

Eastern Oregon University
Student Accounts Office
Authorization to Release Information

Recent Laws prohibit educational institutions from disclosing detailed information on your account. To allow EOU to share your student account information with your parents, guardians or corporate partners who may have a vested interest in your account, please complete the following form which will be kept on record at the Student Accounts office.

Please follow these steps:

- 1) Fill out the following form.
- 2) Fax to 541-962-3872 or mail to: EOU Student Accounts
One University Blvd
La Grande, OR 97850

I, _____, Student Account# _____,
Print Student Name SSN, or ID number

authorize the Student Accounts Office at Eastern Oregon University to release detailed information regarding my student account to _____
Recipient of Information

Relationship to recipient _____, if requested either by phone, fax or in writing. This authorization will remain in effect until I submit a written request to discontinue this arrangement.

Printed name _____

Signature _____

Date of Signature _____ Received By _____