



Friends of UNIVERSITY ACADEMY

I give my permission for my college or university to release information regarding my status as a student to employees of Friends of University Academy.

This information may include enrollment status (including number of credits), grades, advisory reports, cost of attendance, information pertaining to my financial aid package, my email address, phone number, home address and general information. I also give permission for my photograph to be used in materials published by Friends of University Academy and University Academy. This release allows employees of Friends of University Academy to talk with designated college staff related to my academic progress. I understand that this information would otherwise be considered private under state and federal laws and could not be released without my consent.

This authorization will remain in effect for the duration of my college career.

Student's Name (Please Print)

Student's Signature

Student's Social Security #

Current College/University

Address

City

State

Zip

For the security of your information this document should only be faxed or mailed. *Do not email.*

Mail: 4049 Pennsylvania Avenue, Suite 400, Kansas City, MO 64111

Fax: 816.817.1329

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