



GATEWAY SEMINARY

Biblical • Missional • Global

Office of the Registrar
3210 E. Guasti Road • Ontario, CA 91761
909.687.1468 (phone) • 909.687.1593 (fax)
registrar@gs.edu

Confidential Information Release Authorization

Individual Who is subject of the Record (Students):

| | | |
|----------------|--------------------|---------------|
| Name | Student ID or SSN# | Date of Birth |
| Street Address | City | State, Zip |

Person or Organization to Whom Information May be Released:

| | | |
|----------------|------------------------------|--------------|
| Name | Organization (if applicable) | Relationship |
| Street Address | City | State, Zip |
| Phone | Email | |

Specific Records Authorized for Release (include dates of records, if applicable):

- Academic Records (Grades, Transcript, etc) Personal Information
 Financial Information Other _____

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. Unless revoked, this authorization remains in effect until the expiration time I have indicated below.

- Authorization is in effect between _____ to _____
 Authorization expires _____ month(s) from the date I sign this authorization
 Authorization expires after the following action takes place _____

I hereby release the Registrar's Office and Gateway Seminary from liability for the release of any information authorized under this agreement. As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or organization(s) mentioned above.

| | | |
|--|----------------------|------|
| Signature of Individual Who is Subject of the Record | Signature of Witness | Date |
|--|----------------------|------|

.....

OFFICE USE ONLY

| | | | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|
| Authorization Received Date: | | | | Processed by: | | | |
| Date Sent | Email | Letter | Phone | Date Sent | Email | Letter | Phone |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |