



MISSOURI BAPTIST UNIVERSITY

MONTHLY STATEMENT RELEASE

PLEASE PRINT ALL INFORMATION CLEARLY

I, _____, student account number, _____, do hereby give Missouri Baptist University permission to: (CHECK ALL THAT APPLY)

SEND MY STATEMENTS TO: _____ PERMISSION TO TALK TO: _____ DECLINED
(PLEASE PRINT CLEARLY)

Name

Relationship

Address

City State Zip

Telephone

I also give permission to the Student Accounts Financial Service Office, Records Office, Student Affairs Office, and Provost Office to discuss my account and academic affairs with the above person(s).

Signed _____ Date _____

Missouri Baptist University Student Accounts Representative Date _____

Missouri Baptist University Financial Div Representative Date _____

Missouri Baptist University Records Div Representative Date _____

Missouri Baptist University Student Affairs Div Representative Date _____

5/07