



WARNER UNIVERSITY

Request for Employer Reimbursement

INSTRUCTIONS

Send completed form by fax, mail or in person to the attention of:

Warner University
Attn: Student Accounts
13895 Hwy 27
Lake Wales, FL 33859
Fax (863) 638-7603

REQUEST

I, the undersigned, request a grade report for each class taken at Warner University to be prepared for my employer for reimbursing educational expense. I give my permission to Warner University to prepare a report for release to the employer named below and that this release is good for any course taken at Warner University.

I understand that by signing this I am waiving my rights to nondisclosure of these records under federal law only to the employer listed below. The report will be sent to me by email upon receipt of final grades by the professor, approximately two weeks after each course concludes. It is my responsibility to forward the report to my employer.

I understand that I may cancel the release in writing at any time.

Name _____
(Full name, including middle name or initial, must print clearly)

Warner ID or Social Security # _____

Student Email _____

Employer Name _____

Student Signature _____

Date _____