

AUTHORIZATION TO RELEASE INFORMATION

This form must be fully completed and signed by the student only

[Empty box for student information]

University

Person (s) or Organization (s) to Whom Information may be released:

Information to be released:

! **Financial Aid/ Student Account Records**

! **Academic Records**

Valid For:

! **Limited Use:**

! **Long Term Use:**

University

Signature of Student _____

Date _____

RETURN TO:

In Person:

Email (_____):

Mail:

University

University

University