

AUTHORIZATION TO RELEASE INFORMATION

STUDENT NAME _____

MILLERSVILLE ID NUMBER _____

CONTACT PHONE NUMBER _____

STATEMENT OF AUTHORIZATION

Pursuant to the provisions of the Privacy Act of 1974 (5 USC 552a, PL 93-579, as amended), I hereby authorize the Office of Financial Aid to release information from my financial aid file and any other record pertaining to me to the individuals listed below. **I understand and agree that the information released will cover my entire academic career at Millersville University and I may change it at any time by completing a new Authorization to Release Information Form, at which time any prior forms signed by me will become null and void.** I understand that my information may be released to Millersville University Registrar's Office and/or the Office of Student Accounts. I also understand that the released information may be electronically transferred by the Office of Financial Aid or its agents. In addition, I understand that the individual(s)/agency that I have designated below must verify my social security number or Millersville University Identification number and my date of birth before any information is released to them.

INDIVIDUAL(S) / AGENCY TO RECEIVE INFORMATION

Check the box that applies. If you wish to release your information to another individual or agency, you must check the appropriate box and write the name of the individual/agency on the line provided. *Incomplete forms will not be processed.*

I wish to have *no one other than myself* be able to access my financial aid information.

I grant access to the following individuals and/or agencies:

MOTHER Name: _____

FATHER Name: _____

STEPMOTHER Name: _____

STEPFATHER Name: _____

SPOUSE Name: _____

AGENCY Name: _____ Phone: _____

OTHER Name: _____ Relationship: _____

OTHER Name: _____ Relationship: _____

STUDENT SIGNATURE

By signing this form you hereby affirm that all the information reported on this form and any attachments hereto is true, complete and accurate to the best of your knowledge.

STUDENT SIGNATURE

DATE:

