



OFFICE OF FINANCIAL AID

AUTHORIZATION TO RELEASE INFORMATION FORM

STUDENT AUTHORIZATION TO RELEASE

(PLEASE PRINT CLEARLY)

Student's Name: _____
First Middle Initial Last

Social Security # or MU ID: _____ Date of Birth: ____/____/____

Pursuant to the provisions of the Privacy Act of 1974 (5 USC 552a, PL 93-579, as amended), I hereby authorize the Offices of Financial Aid and the Bursar to release information from my financial aid record 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 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 and my date of birth before any information is released to them.

INDIVIDUAL(S)/AGENCY TO RECEIVE INFORMATION

I WISH TO HAVE NO ONE OTHER THAN MYSELF BE ABLE TO ACCESS ANY FINANCIAL AID INFORMATION.

I grant access to the following individuals/agencies: PLEASE Print (All fields related to the individual/agency selected are REQUIRED. Incomplete forms will not be processed.)

MOTHER Name: _____

FATHER Name: _____

STEPMOTHER Name: _____

STEPFATHER Name: _____

SPOUSE Name: _____

AGENCY Name: _____ Phone: ____-____-____

OTHER Name: _____ Relationship: _____

OTHER Name: _____ Relationship: _____

Student's Signature: _____ Date: ____/____/____

PLEASE ALLOW 3 - 5 BUSINESS DAYS FOR PROCESSING.