



AUTHORIZATION TO RELEASE INFORMATION FORM

STUDENT AUTHORIZATION TO RELEASE

(PLEASE PRINT CLEARLY)

Student's Name: _____
First Middle Initial Last

CU 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 Office of Financial Aid to release information from my financial aid file pertaining to me to the individuals listed below. I understand and agree that the information released will cover my entire academic career at Cheyney 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 Cheyney University Registrar's Office and/or Bursar's Office. 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 Cheyney University Identification number and my date of birth before any information is released to them. I understand that this ONLY grants permission to provide information to person(s) or agency listed below in person and NOT over the telephone. Request for information must be done in writing if person(s) or agency is not present when seeking information.

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: _____

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

PLEASE ALLOW 3 - 5 BUSINESS DAYS FOR PROCESSING.

Please return this form by mail to: Cheyney University
Office of Financial Aid
1837 University Circle Box 200
Cheyney PA 19319