



4201 Henry Avenue, Philadelphia, PA 19144-5497 • 215.951.5988

Permission For Release Of Financial Information

Requested by: Student's name Student ID # Date

Release to: Recipient Name Relationship to Student Recipient Address City, State, Zip Contact Phone E-Mail

Release to: Recipient Name Relationship to Student Recipient Address City, State, Zip Contact Phone E-Mail

Verification: Password Password Hint

I hereby authorize the Financial Aid/Student Accounts Office at Philadelphia University to release financial aid and/or billing information to the recipient(s) named above.

This student authorization will remain in effect as long as I remain in continuous enrollment at Philadelphia University. Should I, at any time, choose to revoke this authorization during my enrollment period, it will be my responsibility to notify in writing the Financial Aid/Student Accounts Office at Philadelphia University. I further acknowledge that the information to be released or obtained will be limited to billing, financial aid, and campus card funds; and that this consent is given of my own free will. This consent form does not allow your designees access to your academic information (such as your grades). This consent has been granted in reliance thereof.

Signature of Student Date

Signature of Witness (Other than recipients name above) Date

Print Witness Name