

AUTHORIZATION FORM

The Huntington University Financial Aid Office utilizes this form to protect your rights of privacy as a financial aid recipient. We will release financial information only to those individuals listed on this form. The only exception will be for other offices on campus (such as Admissions, Business Office, Retention Office) that have access to some of your information.

We require that you have an Authorization Form on file for your first year of attendance. You will need to notify us if there are any changes to this form during your enrollment at Huntington, otherwise we will assume the information has not changed from one year to the next.

I, _____, authorize the Financial Aid Office at Huntington University to release confidential information from my file to the following persons:

_____ my parents and/or step-parents (if so, please state their full names:

_____);

_____ my spouse (if so, please state their full names:
_____);

_____ my grandparents or guardian (if so, please state their full names:

_____ coaches, professors, guidance counselor, etc. (if so, please state their full names:

_____);

I have read and I understand the information provided on this form.

Signature _____ Date _____

SS#: _____

Please complete and return to:
Huntington University
Financial Aid Office
2303 College Ave.
Huntington IN 46750