

**MERCYHURST COLLEGE STUDENT RELEASE FORM**

The purpose of this document is to provide for the written authorization for the release of the confidential financial aid and student account information of:

NAME \_\_\_\_\_ SS# \_\_\_\_\_

This information is for the academic year 20\_\_\_\_ - 20\_\_\_\_.

This form covers release of information to the agency listed in item I, for a period of one year from the date of signature unless otherwise stated by the student.

I. The information designated in Item II will be release upon signed approval, to the individual and/or agency indicated here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. The information, as specified here, will be released, upon signed approval, to the individual and/or agency identified in item I.

\_\_\_\_\_  
\_\_\_\_\_

III. Student Authorization

I, hereby, authorize Mercyhurst College Financial Aid Office to release the information specified in Item II to the individual and/or agency identified in Item I.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please complete this form and return to:

Student Financial Services  
Mercyhurst College  
501 E. 38<sup>th</sup> Street  
Erie, PA 16546  
Fax: 814-824-2300