

Authorization to Release Information

Before the Financial Aid Office can provide information to the APSCUF Student Faculty Liaison Committee, your permission must be granted to allow its release.

Your signature below attests to that authorization.

I hereby authorize Kutztown University's FAO to release the requested information.

Student Name (Please Print)	
Signature	
SS#	
Date	
Academic Terms (Ex: fall 01 and/or Spr. 02)	

Purpose of Request
Information to be released
Please list the name(s) and the address(es) of the person(s) who may have access to your records and their relationship to you.

(Use extra paper if needed. Word processor submission are preferred to handwritten forms.)

Please submit your completed and signed Release Form to Dr. James Jackson at Jackson@kutztown.edu or drop your completed form at Old Main 389a.