

MARYLHURST UNIVERSITY
FINANCIAL AID OFFICE
17600 Pacific Highway (Hwy 43)
PO Box 261 • Marylhurst, OR 97036-0261
503.699.6253 • 800.634.9982, ext. 6253
FAX: 503.635.6585
Email: finaid@marylhurst.edu
Web Site: www.marylhurst.edu



CONSENT FOR RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, it is necessary for school officials at Marylhurst University to have written consent from a student in order to release information from the student's records.

Student Name: _____ **SSN:** _____ **ID:** _____

I hereby grant the Financial Aid Office at Marylhurst University permission to release information regarding my financial aid eligibility and charges for tuition, fees, and other expenses (this may include information contained within my financial aid records or my student account records) to:

Person (or persons) to whom you are authorizing release of information:

_____	_____
<i>Print Name</i>	<i>Birth Date OR Last Four Digits of SSN</i>
_____	_____
<i>Print Name</i>	<i>Birth Date OR Last Four Digits of SSN</i>
_____	_____
<i>Print Name</i>	<i>Birth Date OR Last Four Digits of SSN</i>
_____	_____
<i>Print Name</i>	<i>Birth Date OR Last Four Digits of SSN</i>

This consent for release will remain in effect from the date indicated below until I submit written notification rescinding this request.

Student Signature: _____ **Date:** _____