

**LINCOLN UNIVERSITY  
OFFICE OF FINANCIAL AID  
INFORMATION AUTHORIZATION RELEASE FORM**

STUDENT'S NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ ACADEMIC YEAR: 2011-2012

*Pursuant to the provisions of the Privacy Act of 1974 (5 USC 552a, PL 93-579, as amended), I hereby authorize the Financial Aid Office to release information from my financial aid file and any other record (s) pertaining to me to the individual (s) listed below. I understand and agree that the information released will cover the current academic year of enrollment and that the released information may be electronically transferred by the Office Financial Aid or its agents. I also understand that before any information is released to the individual (s) that I have designated below they must verify my social security number and my date of birth and provide his/her social security number.*

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ SOCIAL SECURITY #: XXX-XX- \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ (HOME) TELEPHONE#: \_\_\_\_\_ (CELL)

ALT. TELEPHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\*\*\*\*\*

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ SOCIAL SECURITY #: XXX-XX- \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ (HOME) TELEPHONE#: \_\_\_\_\_ (CELL)

ALT. TELEPHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_