

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

STUDENT'S NAME: _____ SOCIAL SECURITY #: _____

CELL PHONE #: _____ ACADEMIC YEAR: _____

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 Financial Aid Office 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 #: _____

ADDRESS: _____

TELEPHONE#: _____ (HOME) TELEPHONE#: _____ (CELL)
TELEPHONE#: _____ (OTHER)

NAME: _____

RELATIONSHIP: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

TELEPHONE#: _____ (HOME) TELEPHONE#: _____ (CELL)
TELEPHONE#: _____ (OTHER)

Student's Signature: _____ Date: _____