

Office of the Registrar  
PO Box 179, Lincoln University, PA 19352  
(484) 365-8087 (484) 365-8116 Fax  
Lincoln Hall, 2<sup>nd</sup> Floor



**AUTHORIZATION TO  
DISCLOSE INFORMATION**

Last Name	First Name	Initial	Student Id#
_____	_____	_____	_____

#1  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Check all that apply.  
Type of Information Lincoln University may release to this person:  
 Financial Information (Information regarding Financial Aid and Account information.)  
 Academic Information (Information regarding academic progress and status.)

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#2  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Check all that apply.  
Type of Information Lincoln University may release to this person:  
 Financial Information (Information regarding Financial Aid and Account information.)  
 Academic Information (Information regarding academic progress and status.)

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#3  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Check all that apply.  
Type of Information Lincoln University may release to this person:  
 Financial Information (Information regarding Financial Aid and Account information.)  
 Academic Information (Information regarding academic progress and status.)

I authorize Lincoln University to disclose information from my education records to the person(s) identified above for the purposes specified in each case. I understand that information may be disclosed to parents if I am a *dependent student*, as defined in section 152 of the Internal Revenue Code

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

Date: \_\_\_\_\_