



# Lincoln University

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## Office of Financial Aid

1570 Baltimore Pike  
Lincoln University, PA 19352-0999

800-561-2606 phone  
484-365-8198 fax  
[financialaid@lincoln.edu](mailto:financialaid@lincoln.edu)

### AUTHORIZATION TO RELEASE INFORMATION

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

CELL PHONE #: \_\_\_\_\_

*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 my time 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: \_\_\_\_\_

**DO NOT FORGET TO SIGN THIS DOCUMENT**

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

*This form is required for all students and can be altered at any point during your enrollment.*

Regional accreditation by the Middle States Commission on Higher Education.

Lincoln University is an equal opportunity employer.

**Mission:** Lincoln University, the nation's first degree-granting Historically Black College & University (HBCU), educates and empowers students to lead their communities and change the world.