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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

AUTHORIZATION TO RELEASE INFORMATION

| Student's Signature: | Date: | | |
|---|---|---|--|
| DO | NOT FORGET T | O SIGN THIS DOCUMEN | Т |
| ALT. TELEPHONE#: | | EMAIL ADDRESS: | |
| TELEPHONE#: | (HOME) | TELEPHONE#: | (CELL) |
| ADDRESS: | | | |
| RELATIONSHIP: | SOCIAL SECURITY #:_XXX-XX- | | |
| NAME: | | | |
| ALT. TELEPHONE#: ************************************ | ******** | EMAIL ADDRESS: | ****** |
| TELEPHONE#: | (HOME) | TELEPHONE#: | (CELL) |
| ADDRESS: | | | |
| RELATIONSHIP: | SOCIAL SECURITY #:_XXX-XX | | |
| NAME: | | | |
| Pursuant to the provisions of the the Financial Aid Office to releas me to the individual (s) listed beloenrollment and that the released agents. I also understand that be below they must verify my social snumber. | se information from ow. I understand ar information may be fore any informatio | my financial aid file and and agree that the information electronically transferred by in is released to the individual | y other record (s) pertaining to n released will cover my time of v the Office Financial Aid or its nl (s) that I have designated |
| CELL PHONE #: | | - | |
| STUDENT'S NAME: | | | |
| CTLIDENT'S NIANCE | | CTIDENT ID | |

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.