



**AUTHORIZATION TO
DISCLOSE INFORMATION**

Office of the Registrar
1570 Baltimore Pike
Lincoln University, PA 19352
484-365-8084 : Phone

Last Name	First Name	Middle Initial	Student ID#
_____	_____	_____	_____

#1 Full Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ **Work:** _____

Type of Information Lincoln University may release to this person. Check All That Apply:

Financial Information (Information regarding Financial Aid & account)	Residence Life (Information regarding housing and account)
Academic Information (Information regarding academic progress and status.)	Disciplinary Action (Information regarding Residence Hall, Conduct, Judiciary, etc.)

#2 Full Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ **Work:** _____

Type of Information Lincoln University may release to this person. Check All That Apply:

Financial Information (Information regarding Financial Aid & account)	Residence Life (Information regarding housing and account)
Academic Information (Information regarding academic progress and status.)	Disciplinary Action (Information regarding Residence Hall, Conduct, Judiciary, etc.)

#3 Full Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ **Work:** _____

Type of Information Lincoln University may release to this person. Check All That Apply:

Financial Information (Information regarding Financial Aid & account)	Residence Life (Information regarding housing and account)
Academic Information (Information regarding academic progress and status.)	Disciplinary Action (Information regarding Residence Hall, Conduct, Judiciary, etc.)

**This form must be delivered by the student in person.
Faxed and/or mailed copies cannot be accepted.**

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:** _____