



**AUTHORIZATION TO DISCLOSE INFORMATION**

Office of the Registrar  
(484) 365-8087  
Lincoln Hall, First Floor

07/21/14

| Last Name | First Name | Initial | Student ID# |
|-----------|------------|---------|-------------|
| _____     | _____      | _____   | _____       |

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

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

**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:** \_\_\_\_\_