



Lincoln University

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Office of Financial Aid

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Lincoln University, PA 19352-0999

800-561-2606 phone
484-365-8198 fax
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.