



AUTHORIZATION TO DISCLOSE INFORMATION

Revised 9/11/18 ID

Office of the Registrar
1570 Baltimore Pike
Lincoln University, PA 19352
484-365-8087:Phone 484-365-8116:Fax

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

#1
Full Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work: _____

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

#2
Full Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work: _____

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

#3
Full Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work: _____

Check all that apply.
Type of Information 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: _____