

**AUTHORIZATION TO RELEASE STUDENT ACCOUNT
AND OTHER FINANCIAL INFORMATION**

According to the Gramm-Leach-Bliley Act and the related regulations issued by the Federal Trade Commission, student account and other financial information cannot be divulged to anyone other than the student without written authorization. Therefore, in order for the Cashier's Office to provide this information to someone other than the student, please complete the authorization form below and return it to Marywood University, Cashier's Office, 2300 Adams Avenue, Scranton, PA 18509.

If you have any questions regarding this matter, please do not hesitate to contact the Cashier's Office at (570) 348-6212.

***IF YOU HAVE ALREADY COMPLETED THIS FORM, DO NOT COMPLETE IT AGAIN, UNLESS YOU
ARE MAKING A CHANGE.***

AUTHORIZATION

I, _____, hereby authorize the release of student account or other financial information
(Print Name)
to the following person(s):

Other

Father _____
(Name)

(Name) (Relationship)

Email Address _____

Email Address _____

Mother _____
(Name)

(Name) (Relationship)

Email Address _____

Email Address _____

Spouse _____
(Name)

(Name) (Relationship)

Email Address _____

Email Address _____

This authorization will remain in effect until otherwise rescinded **in writing**.

(Date)

(Student ID Number)

(Student Signature)

In order to confirm your identity, please print your home address below:

(Address 1)

(Address 2)

(City)

(State)

(Zip)

(Country)

(4/2015)