



Authorization for Release of Financial Information

Student Name: _____
(Please Print) Last First Middle

Student ID Number _____

In accordance with provisions of the Family Educational Rights and Privacy act of 1974. I hereby authorize St. Ambrose University to release an additional copy of my account receivable statement to the person(s) listed below:

Name(s) & Relationship to student & Address:

Name

Relationship

Street Address

City, State, Zip

I understand that nothing contained in this document amends or modifies the right of St. Ambrose University to release "directory information" in accordance with its policy under the Family Educational Rights and Privacy Act of 1974, as explained in the Students' handbook.

Students Signature: _____

Date Signed: _____