

Permission to Release Information

****Complete the following information in ink and return to Student Financial Services ****

Section A: Student Information

_____ / _____ / _____
Last Name First Name MI

_____ / _____
Student ID Phone Number

Section B: Information to be Released

I, _____, give Student Financial Services at Northwest University permission to discuss:
(Student's Printed Full Name)

- Student Account Information, which includes but is not limited to my owing balance, charges, credits and payments.
- Financial Aid, which includes but is not limited to amounts and programs awarded to me.
- Other _____

Section C: Person (s) to Whom Information can be Released

First Name	Last Name	Phone Number	Address	City	State	Last 4 Digits of SSN

Section D: Signature

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct. I also understand this permission will remain in place until I notify Student Financial Services in writing to remove access to the person (s) listed.

Student Signature _____ **Date** _____ / _____ / _____

****Please Note: This worksheet must be signed and dated in order to be processed****