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## Office of Financial Aid

1570 Baltimore Pike 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 Financial Aid Office to releme to the individual (s) listed be enrollment and that the release agents. I also understand that below they must verify my socianumber.	ase information from flow. I understand an I information may be before any information	my financial aid file and any d agree that the information electronically transferred by n is released to the individua	y other record (s) pertaining to released will cover my time of the Office Financial Aid or its l (s) that I have designated
NAME:			
RELATIONSHIP:	SOCIAL SECURITY #:_XXX-XX		
ADDRESS:			
TELEPHONE#:		TELEPHONE#:	
ALT. TELEPHONE#:	*******	EMAIL ADDRESS:	******
NAME:			
RELATIONSHIP:	SOCIAL SECURITY #:_XXX-XX-		
ADDRESS:			
TELEPHONE#:		TELEPHONE#:	
ALT. TELEPHONE#:		EMAIL ADDRESS:	
D	O NOT FORGET TO	O SIGN THIS DOCUMENT	Γ
Student's Signature:	ent's Signature: Date:		

This form is required for all students and can be altered at any point during your enrollment.

Regional accreditation by the Middle States Commission on Higher Education.