



Financial Aid Office
030 Kershner Student Service Center
25 University Avenue
West Chester, Pennsylvania 19383

Phone: 610-436-2627
Fax: 610-436-2574
e-mail: finaid@wcupa.edu

AUTHORIZATION TO RELEASE INFORMATION FORM

STUDENT AUTHORIZATION TO RELEASE

Student's Name: First Middle Initial Last

WCU ID#: Social Security #: Date of Birth:

Pursuant to the provisions of the Privacy Act of 1974 (5 USC 552a, PL 93-579, as amended), I hereby authorize the Office of Financial Aid to release information from my financial aid file and any other record pertaining to me to the individuals listed below. I understand and agree that the information released will cover my entire academic career at West Chester University and I may change it at any time by completing a new Authorization to Release Information Form, at which time any prior forms signed by me will become null and void.

INDIVIDUAL(S)/AGENCY TO RECEIVE INFORMATION

- I WISH TO HAVE NO ONE OTHER THAN MYSELF BE ABLE TO ACCESS ANY FINANCIAL AID INFORMATION.
I grant access to the following individuals/agencies: PLEASE Print
(All fields related to the individual/agency selected are REQUIRED. Incomplete forms will not be processed.)

- MOTHER Name:
FATHER Name:
STEPMOTHER Name:
STEPFATHER Name:
SPOUSE Name:
AGENCY Name: Phone:
OTHER Name: Relationship:
OTHER Name: Relationship:

Student's Signature: Date:

PLEASE ALLOW 3 - 5 BUSINESS DAYS FOR PROCESSING.
Please return this form by mail to: West Chester University
Office of Financial Aid
25 University Avenue
West Chester, PA 19383