



**Student Consent to Release
Financial Information
2009-2010**

Student ID Number _____

Name _____
Please PRINT

Address _____

City/ State/ Zip Code

Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974, I,
_____, authorize Hamline University to release financial
information to the third party listed below. This authorization does not permit the third
party to make any changes.

**** List the names of the persons to whom you would like your financial information
released. (must be completed)**

Name (last, first, middle initial)	Date of Birth
1. _____	_____
Relation to student _____	_____

Name (last, first, middle initial)	Date of Birth
2. _____	_____
Relation to student _____	_____

Signature of Student

Date

Signature of Parent (required if release of parental financial information to a third party is given)

This consent is valid until May 20, 2010

Return form to: Hamline University
1536 Hewitt Ave. MS-A 1755
St. Paul, MN 55104-1284