



Student Consent to Release Financial Information

Table with 5 columns: Name of Student (please print), Contact Phone/Email, Hamline ID or SSN, Student Type (circle) [Undergrad, Grad/License, Post-Bac], Office Use [FERPA]

Hamline University provides for the confidentiality of student records in accordance with the Family Educational Rights and Privacy Act (FERPA). In order for Hamline to be able to discuss financial information with your parents, spouse, or other people you request, you must designate them in the space below.

****This consent is valid until rescinded in writing by the student.**

Please print clearly the names of the persons to whom you would like your financial information released. This authorization does not permit the third party to make any changes to your finances.

1.) _____ Date of Birth _____
Full Name

Relationship to student _____
Email address _____

2.) _____ Date of Birth _____
Full Name

Relationship to student _____
Email address _____

I authorize Hamline University to release financial information to the third party listed above. I understand that I may revoke this access in the future by providing a written request to the Office of Financial Aid.

Must be signed by hand, electronic signatures not accepted

Student Signature _____ Date _____

MAIL, FAX, OR EMAIL COMPLETED FORM TO: Hamline University Office of Financial Aid, MS-C1915, 1536 Hewitt Avenue, St. Paul, MN 55104-1284 Phone: 651.523.3000 Fax: 651.523.2585 Email: fnaid@hamline.edu