



Release of Information Form

Student Name: _____ Student ID#: _____

If you are granting permission for our office(s) to discuss your status with other designees, please complete this form and return it to the Office of Financial Aid and Scholarships. **IF YOU DO NOT RETURN THIS FORM TO HERITAGE UNIVERSITY, WE WILL NOT DISCUSS YOUR APPLICATION OR EMPLOYMENT STATUS WITH ANYONE OTHER THAN YOU.**

Initial each that apply

___ **Financial Aid** – File status, award types and amounts, disbursement status, etc.

___ **Student Accounts** – Student financial information (tuition, fees, payments, check availability, etc.).

___ **Work Study** – Employment information (pay rate, start/end dates, job title, employer, supervisor name, etc.).

___ This release is in effect from _____ to _____

___ This release is in effect as long as I am a student at Heritage University.

I hereby give Heritage University Office of Financial Aid and Scholarships permission to discuss my files with:

Print name(s)

Relationship to student

Signature of Student

Date

Signed in the presence of: _____
(Heritage University Employee—cannot be family member)

Or Notary Public:

Office of Financial Aid and Scholarships Use Only	
=====	
_____ Entered in comment section of PF	_____ Date of PF Entry
_____ OFAS Staff Member Initials	_____ Copy sent to Work Study Coordinator

Return signed and completed form(s) or other documents to your local campus.

Main Campus: 3240 Fort Rd, Toppenish, WA 98948 Phone: (509) 865-8502 Fax: (509) 865-8659 Email: financial_aid@heritage.edu