



4201 Henry Avenue, Philadelphia, PA 19144-5497 • 215.951.5988

**PERMISSION FOR RELEASE OF FINANCIAL INFORMATION**

(NOTE: This form does not grant access to the student's WebAdvisor account, QuikPAY account or University email.)

**Requested by:** \_\_\_\_\_

Student's name

Student ID #

Date

**Release to:** \_\_\_\_\_

Recipient Name

Relationship to Student

Recipient Address

City, State, Zip

Contact Phone

Email

**Release to:** \_\_\_\_\_

Recipient Name

Relationship to Student

Recipient Address

City, State, Zip

Contact Phone

Email

**Verification:** \_\_\_\_\_

Security Question

Security Question Answer

I hereby authorize the Financial Aid/Student Accounts Office at Philadelphia University to release financial aid and/or billing information to the recipient(s) named above.

This student authorization will remain in effect as long as I remain in continuous enrollment at Philadelphia University. Should I, at any time, choose to revoke this authorization during my enrollment period, it will be my responsibility to notify in writing the Financial Aid/Student Accounts Office at Philadelphia University. I further acknowledge that the information to be released or obtained will be limited to billing, financial aid, and campus card funds; and that this consent is given of my own free will. This consent form does not allow your designees access to your academic information (such as your grades). This consent has been granted in reliance thereof.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (other than recipients named above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness Name