



STUDENT FINANCIAL SERVICES
1900 West Olney Avenue Philadelphia, PA
19141-1199

Phone: 215.951.1070
www.lasalle.edu sfs@lasalle.edu

AUTHORIZATION TO RELEASE INFORMATION

STUDENT'S NAME: _____ STUDENT ID#: _____

CELL PHONE #: _____

Pursuant to the provisions of the Privacy Act of 1974 (5 USC 552a, PL 93-579, as amended), I hereby authorize the Office of Student Financial Services to release information from my financial aid file and any other record (s) pertaining to me to the individual(s) listed below. I understand and agree that the information released will cover my time of enrollment and that the released information may be electronically transferred by the Office of Student Financial Services or its agents. I understand that before any information is released to the individual(s) I have designated below, they must verify my student ID number and date of birth, as well as provide the last four digits of their Social Security number and their date of birth.

NAME: _____

RELATIONSHIP: _____ SOCIAL SECURITY #: XXX-XX-_____

ADDRESS: _____

TELEPHONE#: _____ (HOME) TELEPHONE#: _____ (CELL)

ALT. TELEPHONE#: _____ EMAIL ADDRESS: _____

NAME: _____

RELATIONSHIP: _____ SOCIAL SECURITY #: XXX-XX-_____

ADDRESS: _____

TELEPHONE#: _____ (HOME) TELEPHONE#: _____ (CELL)

ALT. TELEPHONE#: _____ EMAIL ADDRESS: _____

DO NOT FORGET TO SIGN THIS DOCUMENT

Student's Signature: _____ Date: _____

The Authorization to Release Information form is required for all students and may be updated at any time during your enrollment. This form does not need to be renewed unless you make a change to the individual(s) with whom we are authorized to share information.