



Student Financial Services · 604 E. College Ave. · North Manchester, IN 46962  
Fax (260) 982-5121

PERMISSION TO RELEASE INFORMATION

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, Manchester University will only disclose confidential information from students' records to parents or other third parties provided the University has written consent from the student on file. By signing this form, you are authorizing Student Financial Services to discuss your financial aid and student billing account information with the individuals listed below:

1) \_\_\_\_\_  
Name Printed                                      Relationship to Student                                      Authentication Code (Last 4 digits of SSN)

2) \_\_\_\_\_  
Name Printed                                      Relationship to Student                                      Authentication Code (Last 4 digits of SSN)

3) \_\_\_\_\_  
Name Printed                                      Relationship to Student                                      Authentication Code (Last 4 digits of SSN)

**Authentication**

When the party listed above contacts Student Financial Services, he/she will be asked to authenticate his/her identity by providing his/her authentication code (last 4 digits of his/her SSN). If the individual is not able to provide his/her correct authentication code, Manchester University will not release any information from your record.

**Authorization**

I understand that this release remains in effect from the date it is received by Student Financial Services through my enrollment at Manchester University.

I understand that Manchester University is not obligated or required to release information to the person listed above.

Reversal of this consent must be submitted in writing to Student Financial Services.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
ID #

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

\_\_\_\_\_  
Date