

ROOSEVELT UNIVERSITY
Office of Financial Aid
Office of Student Accounts

CONSENT TO DISCLOSE FINANCIAL RECORDS

I am a student at Roosevelt University. I hereby give my voluntary consent to the Financial Aid and Student Accounts departments to disclose information from my financial aid or student account records to the person(s) listed below.

The disclosure of information from the Financial Aid Office and the Office of Student Account may be made to my Spouse/Parent/Guardian:

Name _____ Relationship to Student _____

Address _____

Telephone number _____

Name _____ Relationship to Student _____

Address _____

Telephone number _____

Student Name (Please Print) ID Number

Student Signature Date

The Student has the right to terminate this authorization at any time.
It will need to be submitted in writing to both offices.

Document Name: FA/SA Consent Form

For Office use only:

Received by Student Accounts Office: Date _____

Received by Financial Aid Office: Date _____