URBANA UNIVERSITY
A Branch Campus of Franklin University

2017-18 FAC REL

Privacy Release

Student Last Name

Student First Name

Social Security Number

Date of Birth (mmddyy)

I authorize Urbana University to release information regarding my financial aid to:

1) _____ Relationship to you: _____

2) _____ Relationship to you: _____

3) _____ Relationship to you: _____

_____ _____

Signature of Student *Date*

If at any time you wish to rescind this authorization, please visit Financial Aid or contact us at 937.772.9251.

Return all documents to: Financial Aid, Urbana University, 579 College Way, Urbana, OH 43078
Fax: 937.772.9390 Email: financialaid@urbana.edu

3.17.16