



## Financial Information Release Form

Completing this form will allow Cedarville University to release financial information to the authorized individual(s) you designate.

In accordance with the Family Educational Rights and Privacy Act (FERPA), Cedarville University is committed to protecting the rights of students who are attending or who have attended the University. One area covered by FERPA is your right to privacy regarding your financial information. However, you may consent to release financial information to another individual by completing the lower portion of the form and returning it to the cashiers office. This form will be on file in the cashiers office so that the third party may also obtain financial information over the telephone, by email, or in person.

If you do not sign and return this form, we will not release any of your financial information to anyone (including your parent(s)/guardian(s)).

Student's Name

Student ID or Social Security

I hereby give Cedarville University permission to release financial information to the following individual(s):

Name

Relationship to Student

Street Address

City

State

ZIP

Parent/Guardian Email Address

Student's Signature

Date

Mail completed form to:

Cedarville University  
Cashiers Office  
251 N. Main Street  
Cedarville, OH 45314

Or fax completed form to: 937-766-7689

Or scan and email to [cashier@cedarville.edu](mailto:cashier@cedarville.edu)

Contact Information:

937-766-7825  
[cashier@cedarville.edu](mailto:cashier@cedarville.edu)

**\*\* Office Use Only \*\***

Entered by \_\_\_\_\_ Date \_\_\_\_\_