

CONSENT FOR RELEASE OF FINANCIAL AID AND/OR BUSINESS OFFICE INFORMATION FROM ALVERNO COLLEGE

Please Note: You only need to complete this form if you want us to be able to communicate with another person or organization about your account.

Student's Name:
Student ID No.:
Address:
City/State/Zip:
Telephone: Home () Work () Cell ()
<p style="text-align: center;"><u>READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW</u></p> <p>I authorize Alverno College to release any Financial Aid and/or Business Office information to the individuals/ organizations listed below. This Consent for Release of Information will remain in effect unless revoked by me in writing. I understand that I may revoke this Consent for Release of Information, in writing, at any time, except where information has already been released as a result of this Consent.</p>
Student's Signature: _____ Date: _____
<p style="text-align: center;">Please complete the following information for the person(s)/ organization(s) you are authorizing us to release information to:</p>
Name of first person or organization:
Relationship to Student:
Address:
City/State/Zip:
Telephone: Home () Work () Cell ()
Name of second person or organization (if more than one):
Relationship to Student:
Address:
City/State/Zip:
Telephone: Home () Work () Cell ()

PLEASE RETURN THIS FORM TO THE FINANCIAL AID OFFICE.

CRI: FCINFOR



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