



AUTHORIZATION FOR RELEASE OF INFORMATION

In accordance with the Federal Education Rights and Privacy Act, I authorize the release of financial aid information to the individual named below.

Name of Individual to Receive Information:	
Date of Birth:	
Relationship to Student:	

Student's Name (PLEASE PRINT)

Student's Signature

TU ID

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

MAIL	FAX	IN PERSON	WEB
Towson University Financial Aid 8000 York Road Towson, MD 21252- 0001	410-704-2584	Enrollment Services Center, room 339 (corner of Osler Drive and Towsontown Blvd.)	http://onestop.towson.edu/finaid This form is available on the web for electronic submission to the TU Financial Aid Office.