

LOMA LINDA UNIVERSITY STUDENT FINANCE STUDENT INFORMATION RELEASE REQUEST

I give authorization for Loma Linda University Student Finance to release financial information from my student tuition account to the following individual:

Name: _____ Relationship: _____

I am authorizing the release of information for the following reason(s): **(REQUIRED)** _____

I request that the individual listed above be granted the following services in addition to being allowed access to account information. Please check all that apply:

To receive a copy (one individual only) of my monthly statement at:

(Address): _____

(City, State, Zip): _____ (Telephone): _____

and to receive a Quarterly Registration E-mail notice (E-mail Address): _____ @ _____

To be allowed to request **and** pick up account advances and/or withdrawals from my account.

To be allowed to pick up account advances and/or withdrawals **only**.

Other: _____

I understand that I am responsible for notifying Student Finance of any changes regarding the release of account information and/or services to the individuals I have listed above.

IDS SST AH
SN IDS SP
SD SM PH FR
SCHOOL (Circle One)

PRINT NAME

ID NUMBER

SIGNATURE

PLEASE MAIL FORM TO: LOMA LINDA UNIVERSITY
STUDENT FINANCE OFFICE
11139 ANDERSON STREET
LOMA LINDA, CA 92350
FAX: (909) 558-7904