

# RELEASE OF INFORMATION

**Student Name** *(printed)*: \_\_\_\_\_ **TWU ID Number**: \_\_\_\_\_

I hereby authorize Trinity Western University to release and disclose the following:

Only that I am enrolled at Trinity Western University, **OR**,

## Tuition

Tuition and class fees, residential fees and fees related to my studies at TWU.

Student account information, including charges, payments and refunds as necessary.

## Financial Aid

Awards, scholarships and bursaries.

**to** \_\_\_\_\_ Relationship \_\_\_\_\_  
(Person or Organization) (Relationship to student)

**to** \_\_\_\_\_ Relationship \_\_\_\_\_  
(Person or Organization) (Relationship to student)

## This authorization is effective:

From *(mm/dd/yyyy)* \_\_\_\_\_ to *(mm/dd/yyyy)* \_\_\_\_\_ **OR**,

Until I provide Trinity Western University a written notification of change or cancellation prior to the effective date.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_