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## RELEASE OF INFORMATION

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

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

Registration and Fees

- a.  Registration information (e.g., courses and credit hours)
- b.  Tuition and class fees, residential fees and fees related to my studies at TWU
- c.  Student account information, including charges, payments and refunds as necessary

Financial Aid

- a.  Awards, scholarships and bursaries
- b.  Loans

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

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

This authorization is effective:

- a.  From (date) \_\_\_\_\_ to (date) \_\_\_\_\_ OR,
- b.  until I provide Trinity Western University a written notification of change or cancellation prior to the effective date.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_  
(Student ID#)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Trinity Western University Staff)