



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,

Tuition

- a. Tuition and class fees, residential fees and fees related to my studies at TWU
- b. 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)