



M C K E N D R E E
U N I V E R S I T Y

Release of Financial Aid Information

I give my permission for McKendree University personnel to speak with and / or disclose information regarding my student's financial records to persons, companies or organizations listed below. I understand that this release form will remain in effect unless I provide the Business Office with written notice revoking the release of financial information.

Student Name (Please Print): _____

Student Signature: _____

Social Security Number: _____

Date: _____

Person/ Company/ Organization Name:

Relationship:
