

Bay Path College

Student Financial Services Release of Information Form

I _____, grant Bay Path College permission to release information to the below individual/organization:

NAME: _____

ADDRESS:

RELATIONSHIP TO STUDENT: _____

PHONE: _____

NAME: _____

ADDRESS:

RELATIONSHIP TO STUDENT: _____

PHONE: _____

EFFECTIVE DATE: _____

PLEASE NOTE: This release is in effect until the student notifies Student Financial Services *in writing* to remove the above named individual(s). In addition, the above named individual(s) must provide the student's Bay Path College Student ID number or last four digits of the student's social security number when contacting the Student Financial Services Office.

STUDENT SIGNATURE: _____

ID #: _____

DATE: _____

For Office Use Only: Initials ___ Date ___ Campus ___

7/14/2011