STUDENT FINANCIAL INFORMATION RELEASE FORM

The Family Educational Rights and Privacy Act of 1974 requires that we have your written permission to share your student account information with you via e-mail or telephone and with others whether in-person, by e-mail or by telephone.

Please mail, fax or hand-deliver this form to the Student Accounts Office.

I, ____________________________________________, Student Name

__________________________________________________________, Student ID Number

give permission for myself as well as the following people to have access to my Marymount University financial records via e-mail and telephone or in-person.

Name ___________________________ Relationship ___________________________

Phone Contact/Home/Office/Cell/E-mail _______________________________________

Name ___________________________ Relationship ___________________________

Phone Contact/Home/Office/Cell/E-mail _______________________________________

Name ___________________________ Relationship ___________________________

Phone Contact/Home/Office/Cell/E-mail _______________________________________

I understand this permission will be in effect until I remove an individual from this list.

__________________________________________ Student Signature

__________________________________________ Date

Submit this form in one of the following ways:

• FAX to (703) 526-6979

• Mail to
  Student Accounts Office
  Marymount University
  2807 North Glebe Road
  Arlington VA 22207-4299

• Hand-deliver to the Student Accounts Office, Rowley Hall, Main Campus