



2009-2010 FAC REL
Privacy Release

.....

Last name

.....

First name

.....

M.I.

.....

Franklin Student ID#

I authorize Franklin University to release information regarding my financial aid to:

Print name of person Franklin may release information to

Relationship to you

Signature of Student

Date

If at anytime you wish to rescind this authorization, please contact the Financial Aid office at 614.797.4700 local or 1.877.341.6300 toll free.

Return all documents to:

Financial Aid, Franklin University, 201 S. Grant Ave., Columbus, OH 43215 or fax to 614.255.9478