FRANKLIN UNIVERSITY

2017-18 FAC REL

Privacy Release

Student Last name

Student First name **M.I.** **Franklin Student ID** **Date of Birth (mmddyy)**

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

_____

Print name of person Franklin may release information to

_____

Relationship to you

_____ _____

Student Signature *Date*

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

Return all documents to:

Financial Aid, Franklin University, 201 S. Grant Ave., Columbus, OH 43215

Fax: 614.255.9478 Email: finaid@franklin.edu

1.17.17