



RELEASE OF INFORMATION FORM

Student Name _____
(Please print)

Student Id Number _____

Social Security Number _____

This form needs to be completed if you would like someone else (such as a parent, spouse, etc) to be able to call and discuss your financial matters.

I authorize William Woods University to release information pertaining to my financial obligations in regard to my student account/ financial aid.

This information may be released to the following persons:

_____ name _____ relationship

_____ name _____ relationship

_____ name _____ relationship

This authorization will remain in effect until I send notification in writing stating otherwise.

_____ **Student Signature** _____ **Date**

*Please complete and fax to
Crystal McCracken at 573-592-1180
or mail to*

**William Woods University
Attn: Student Financial Services
One University Avenue
Fulton, MO 65251-1098**