

SHARING PERSONAL INFO

Please print the complete names of parents, guardians, or other people you want to have access to your private information. Without your written authorization, we cannot discuss any of your personal information with others. This release form will remain in effect until you leave Pacific University or you notify us in writing you wish to change this authorization.

FILL THIS OUT

COMPLETE NAME

RELATIONSHIP TO STUDENT

By checking this box, I authorize Pacific University to release my name, address, financial aid information, and information about my GPA, SAT scores, former schools, major, year in college, anticipated graduation date, and hometown to the University Relations Office and to the donors of any scholarships I receive.

SIGN HERE

Print Student Name

Social Security Number

Signature

Date

PLEASE RETURN THIS FORM TO:

Pacific University Office of Financial Aid
2043 College Way
Forest Grove, OR 97116

PHONE 503.352.2222 | Toll free 877.PAC.UNIV, ext. 2222

E-MAIL financialaid@pacificu.edu