



WARNER UNIVERSITY

Authorization and Request for Release of
Financial Aid and Student Account Records and Information

Send completed form by mail, fax, email, or in person to the attention of:

Business Office
Warner University
13895 Hwy 27
Lake Wales, FL 33859
Fax: 863-638-7225
studentaccounts@warner.edu

I hereby authorize Warner University to disclose and release any student financial information to:

Last Name First Name Email (Required)

Last Name First Name Email (Required)

Last Name First Name Email (Required)

This authorization shall be considered as a waiver of any and all rights and/or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended. A photocopy or facsimile of this authorization shall be considered as valid.

Date _____

Name _____
(Full name, including middle name or initial, must print clearly)

Social Security Number *(last four digits only)* _____

Student Signature _____