



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:

Student Financial Services
Warner University
13895 Hwy 27
Lake Wales, FL 33859
sfs@warner.edu

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

Last Name	First Name	Email (Required)
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Last Name	First Name	Email (Required)
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Last Name	First Name	Email (Required)
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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) Please visit <https://studentprivacy.ed.gov/faq/what-ferpa> for more information on FERPA, as amended. A photocopy or facsimile of this authorization shall be considered as valid. This waiver will be in effect until you have revoked consent. You make revoke consent at any time by contacting us.

Date _____

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

Social Security Number (last four digits only) _____

Student Signature _____