

Financial Aid Office, PMB A-8
East Central University
1100 East 14th Street
Ada, OK 74820-6999

AUTHORIZATION TO RELEASE
FINANCIAL AID INFORMATION

Please list all persons below, and their relationship to you, that you wish to have access to your financial aid information. Otherwise, this information will not be released to anyone, either by phone or in person.

I, _____, Social Security # _____, do

hereby authorize ECU Financial Aid Dept to release information about my financial aid to the following persons:

Name Relationship

Name Relationship

Name of Student (Please Print) Date

Signature of Student

ACKNOWLEDGMENT CONFIRMATION

If you **do not** authorize East Central University Financial Aid Department to release information about your financial aid status, please sign and date below.

Signature of Student Date