

ELIZABETHTOWN COLLEGE  
BUSINESS OFFICE  
ONE ALPHA DRIVE  
ELIZABETHTOWN, PA 17022

I hereby authorize the Business Office of Elizabethtown College to release the financial details of my student account to the following individual (s). I understand that this authorization will remain in effect throughout my enrollment at Elizabethtown College. I further understand that I may revoke this authorization at any time by notifying the Business Office in writing.

**Recipient's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I authorize the release of the following information to the recipient listed above:

- All financial information requested by the recipient
- Tuition, Room, Board, and Fee details
- Financial Aid (including pending financial aid)
- Payments received
- Other (please specify) \_\_\_\_\_

Name \_\_\_\_\_  
(please print)

Student ID \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_