

PERMISSION FOR RELEASE OF FINANCIAL INFORMATION

(This form does not grant access to the student's Admission's, Registration or Academic Records)

Requested by:

Student Name

Pratt ID#

Date

Release to:

Recipient Name

Relationship to Student

Recipient Address

City, State, Zip

Recipient Contact Phone

Recipient email

Release to:

Recipient Name

Relationship to Student

Recipient Address

City, State, Zip

Recipient Contact Phone

Recipient email

I hereby authorize the Financial Aid and Bursar's Offices at Pratt Munson to release my financial aid and/or billing information to the recipient(s) named above.

This student authorization will remain in effect as long as I remain in continuous enrollment at Pratt Munson. Should I at any time, choose to revoke this authorization during my enrollment period, it will be my responsibility to notify, in writing, the Financial Aid and Bursar's Offices at Pratt Munson. I further acknowledge that the information to be released or obtained will be limited to billing and financial aid; and that this consent is given of my own free will. This consent form does not allow my designees access to my academic information (such as grades). This consent has been granted in reliance thereof.

Signature of Student

Date

Signature of Witness (other than recipients named above)

Date

Print Witness Name

This section to be completed only if revoking an authorization previously submitted.

☐ I hereby revoke this authorization for release of information

Signature of Student

Date

Return By:

Email: bursar@prattmunson.edu
Mail: Pratt Munson Bursar's Office
310 Genesee Street, Utica, NY 13502