

AUTHORIZATION TO RELEASE STUDENT INFORMATION

Submit this authorization directly to the school to be attended. Not necessary if attending WUSTL.

Office responsible for processing third party payments or private scholarships:

I, _____, authorize

PRINT STUDENT NAME

_____ to share all required and requested

NAME OF DESIGNATED SCHOOL

information to Washington University in St. Louis for the purpose of receiving payment from Washington University as a payer on my behalf. This authorization should be valid for the duration of my undergraduate education at your school.

STUDENT SIGNATURE

DATE

Name of School or University:	
Student Name :	Date of Birth:
Student ID# or SSN:	Date of Matriculation: