



Financial Information Request Form

If you complete this form, all monthly student account statements and semester invoices will be sent directly to your home address or any other address specified below. This will also allow Cedarville University to release financial information to the authorized individual(s).

In accordance with the Family Educational Rights and Privacy Act (FERPA), Cedarville University is committed to protecting the rights of students who are attending or who have attended the University. One area covered by FERPA is your right to privacy regarding your financial information. However, you may consent to release financial information to another individual by completing the lower portion of the form and returning it to the cashiers office. This form will be on file in the cashiers office so that the third party may also obtain financial information over the telephone.

If you do not sign and return this form, all statements and invoices will be sent directly to your campus post office box, and we will not release any of your financial information to anyone (including your parents).

Student's Name

Student ID or Social Security

I hereby give Cedarville University permission to release financial information to the following individual(s):

Name

Relationship to Student

Street Address

City

State

Zip

Student's Signature

Date

Mail completed form to: Cedarville University
Cashiers Office
251 N. Main Street
Cedarville, OH 45314

Or fax completed form to: 937-766-7199

Contact Information: 937-766-7825
cashier@cedarville.edu

**** Office Use Only ****

Entered by: _____ Date _____