



## HOLY NAMES UNIVERSITY

### RELEASE OF INFORMATION AUTHORIZATION FOR **STUDENT ACCOUNTS ONLY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby give \_\_\_\_\_ permission to receive and/or discuss information about my **student account** at Holy names University until further notice.

Student signature: \_\_\_\_\_

Student Accounts Officer signature: \_\_\_\_\_