

**CONSENT TO RELEASE STUDENT ACCOUNT RECORDS AND INFORMATION**

Student Name: \_\_\_\_\_ MU ID#: \_\_\_\_\_

This letter authorizes Millersville University’s Office of Student Accounts to release information regarding my student account activity to the following:

Name of Third Party or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**The records and information to be released are (check all that apply):**

- Billing Statements/Account Balance
- 1098T Tax Reports
- Financial Aid Resources and Awards

**I authorize this release to be effective:**

Begin date (term): \_\_\_\_\_ End date (term): \_\_\_\_\_ **OR** From this time forward \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form will only be accepted if submitted in person or via the student’s Millersville University email address. Students must show photo identification.

I understand that I may revoke this authorization at any time by written notification to Millersville University, Office of Student Accounts, PO Box 1002, Millersville, PA 17551 or emailing [osa@millersville.edu](mailto:osa@millersville.edu).

---

**Office Use**

Proof of Identification: \_\_\_\_\_

Date Provided: \_\_\_\_\_ Employee Initials: \_\_\_\_\_

---