

RELEASE INFORMATION/AUTHORIZATION FORM

Academic Year 2020-2021

I authorize the following people listed below to receive financial aid and billing information regarding my account.

Please print the name(s) and relationship to you.

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Print  
Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Serrita Woods

Saint Anthony College of Nursing

815-282-7900 extension 27613