

**Student Authorization for Defiance College**  
**Staff Communication with Authorized Individual(s)**  
**Regarding Billing and Financial Aid Issues**

I understand that under provisions of the Federal Privacy Act of 1974, only directory information can be released to persons outside of the college without my written permission. I hereby authorize the College to communicate with those listed below about financial issues including billing statements and financial aid. This consent remains in effect as long as the student is continuously enrolled at Defiance College.

**Student Information:**

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Effective Date

(Supersedes any previous authorization)

**Authorized Person's (Parent/Guardian/Spouse/Other) Information**

*Print First Authorized Person's Name:*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Password Choice:  Birthplace

\_\_\_\_\_  
First Person's Password

Mother's Maiden Name

Pet's Name

Authorized person's email address: \_\_\_\_\_

\_\_\_\_\_  
*Print Second Authorized Person's Name:*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Password Choice:  Birthplace

\_\_\_\_\_  
Second Person's Password

Mother's Maiden Name

Pet's Name