

Student Authorization for Defiance College
Business Office and CAP Staff
Communication with Authorized Individual(s)
Regarding Billing and Financial 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 Business Office and Center for Adult and Graduate Programs at Defiance College to speak with those listed below about financial issues including billing statements. 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

Print Second Authorized Person's Name:

First Name

Last Name

Password Choice: Birthplace

Second Person's Password

Mother's Maiden Name

Pet's Name