

**AUTHORIZATION AND REQUEST FOR  
RELEASE OF FINANCIAL RECORDS AND INFORMATION**

Return to: Registrar's Office/Student Accounts  
Ashland Theological Seminary  
910 Center Street  
Ashland OH 44805  
Fax: 419-289-5650  
Email: [ATS-Registrar@ashland.edu](mailto:ATS-Registrar@ashland.edu)

**NOTE: The primary purpose of this document is to allow the Seminary Registrar's Office to discuss your financial information with those to whom you give permission to do so.**

I (**student**), hereby authorize the Ashland Theological Seminary Registrar's Office (see note below) to disclose, make available and release my financial records, including financial aid (loans) and scholarships, and other personally identifiable information to the following individuals, organizations, or agencies without any further consent and until further notice:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

This authorization shall be considered as a waiver of any and all my rights and/or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended. A photocopy, fax or email of this authorization shall be considered as valid as the originally signed document.

_____	_____
Student's Name (please print)	Student's ID # or last 4 digits of SSN
_____	_____
Student's Signature	Date

\* This form may be copied and transferred to other offices of Ashland Theological Seminary or Ashland University, as deemed necessary.