

Waiver of Release of Information

I hereby authorize Eastern Kentucky University to release personal data about me to any third party payer for the purpose of payment towards my educational expenses. I understand that this information could include but is not limited to information regarding grades, costs, scholarships, financial aid, etc. I also authorize Eastern Kentucky University to supply requested information necessary to identify me with the third party payer on any required invoices. I understand that this method of identification with the third party payer might be my Social Security Number.

I also understand that any financial consideration that is awarded to me in advance may be revoked by Eastern Kentucky at any time if the third party payer does not remit payment in a timely manner.

This waiver will remain in force until payment has been received for all covered educational terms. I understand that should I chose to revoke this waiver, I must do so in writing. I also understand that if this action creates an account balance with Eastern Kentucky University, I will be responsible for payment.

Student Signature: _____ Date: _____

EKU student number : _____ - _____ - _____