

AUTHORIZATION FOR INFORMATION SHARING

If you choose to authorize the VCOM Office of Financial Aid to release information regarding your financial situation and your financial aid to anyone other than yourself, including your parents or your spouse, you must complete the following Authorization for Information Sharing and return it to the VCOM Office of Financial Aid.

Authorization for Information Sharing:

I hereby authorize the Edward Via Virginia College of Osteopathic Medicine to share written or verbal financial information about me with the person(s) I identify on this form. This authorization will remain in effect until such time as I present a written request to rescind the permission.

Print Student's Name: _____

Student's Signature: _____

_____ Date

Student's Social Security Number: _____

Provide the following information for each person:

Name: _____ Birth Date: _____

Address: _____

Relationship to Student: _____

Name: _____ Birth Date: _____

Address: _____

Relationship to Student: _____

Name: _____ Birth Date: _____

Address: _____

Relationship to Student: _____