



Student Financial Services
Office of the Treasurer

AUTHORIZATION TO RELEASE INFORMATION

I, _____
(Please Print) (Signature)

Banner ID Number _____ Address: _____

Daytime Telephone Number _____ give Meharry Medical College permission to release
financial/student account information to _____
Third Party Designee(s) (Please print)

*I understand that my signing this document releases Meharry Medical College from any liability associated with the violation of the Family Educational Rights and Privacy Act (FERPA). This Form is in effect for the remainder of my matriculation, **unless** I notify the Office of the Treasurer in writing. I further understand that in order to authorize additional third party designees, another Release of Information Form must be completed and maintained in the Student Accounts Office.*

Office of the Treasurer

Student Accounts (615) 327-6931
Cashier (615) 327-6928
Fax Number (615) 327-6406