

OFFICE OF STUDENT FINANCIAL SERVICES

## SCHOLARSHIP RECIPIENT RELEASE OF INFORMATION FORM

| 1  | , certify that the            |
|--|-------------------------------|
| information that I have provided                                 | on all Park University forms/ |
| applications are true and correct to the best of my knowledge. I |                               |
| authorize the release of information                             | on to outside sources (i.e.   |
| scholarship donors, media, etc.) r                               | egarding my information       |
| (i.e. biographical information, gpa, contact information, etc.). |                               |
|  |                               |
| Signature  |                               |
| ID#  | Date                          |
| Anticipated Graduation Date                                      |                               |
| DADVIINIIVEDSITV   | STIIDENT EINIANCIAI SEDIZICES |

PARK UNIVERSITY, STUDENT FINANCIAL SERVICES, 8700 RIVER PARK DRIVE, PARKVILLE, MO 64152