

HARDING UNIVERSITY

PRIVACY RELEASE FORM

Student's Name _____ Harding Student ID: H _____

As an enrolled student, you are protected against release of information about you without your consent. Therefore, we need your permission before we can discuss your bill, financial aid, or academic records with anyone else, including members of your immediate family. Complete this form to allow us to discuss your Harding University information with other persons. . In addition to the person you list in Part A, if you approve release of information to other persons, list those people in Part B of this form.

PART A: WHO SHOULD WE CONTACT WITH BILLING INFORMATION? You, the student, need to set this person up as an authorized user on our Billing system CASHNET (see yellow instruction sheet) (ABC)

Complete all fields, including the individual's date of birth. If you wish to receive billing information, list your own name and your HU Box

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Date of Birth: _____ HU Alum: Y or N
Email: _____ Relationship to You: _____

PART B: WHO ELSE CAN WE TALK TO ABOUT YOUR INFORMATION? (AIC)

If there are other persons, other than those listed in Part A, with whom we can share your Harding University information, please list their information below. If you want to approve release of your information to both of your parents, include in this section the parent not already listed in Part A of this form. Complete all fields, including the individual's date of birth.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Date of Birth: _____ HU Alum: Y or N
Email: _____ Relationship to You: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Date of Birth: _____ HU Alum: Y or N
Email: _____ Relationship to You: _____

PART C: CERTIFICATION AND SIGNATURE

I have read the above statements, and even if I have listed someone else as the primary billing contact in Part A, I the student understand and agree to the following terms and conditions:

- The debt incurred by attending school is my responsibility.
- Payment of my charges for each semester, less financial aid received, is due in full Sept 1 or Feb 1 (spring). A Payment Plan is available.
- I understand that interest on any unpaid balance will be charged on my student account monthly, and that transcripts will not be released if I have any indebtedness to the University.
- If my account remains unpaid, I am responsible for attorney's fees, court costs and collection agency fees added to the amount owed.

This authorization covers my entire academic career at Harding University. I may submit another authorization form if I wish to rescind or change this authorization. Rescission of this authorization is valid as of the date received and is not retroactive.

Student Signature

Date