HARDING UNIVERSITY BUSINESS OFFICE
PRIVACY RELEASE FORM

Student’s Name____________________________________ Harding Student ID: H________________________

As an enrolled student, you are protected against release of information without your written consent. Therefore, we need your permission before we can discuss your bill or financial aid with anyone else, including members of your immediate family. Complete this form to allow us to discuss your Harding University information with others.

PART A:  WHO CAN WE TALK TO REGARDING YOUR STUDENT ACCOUNT? You, the student, need to create any one listed below as an authorized user on our Billing system CASHNET (see yellow instruction sheet)

1. ___________  ___________  ___________
   First name    Last Name    Relationship to you

2. ___________  ___________  ___________
   First name    Last Name    Relationship to you

Others can be written on the back of the form.

PART B: CERTIFICATION AND SIGNATURE

I have read the following statements that, 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