



FINANCIAL AID RELEASE FORM

I, _____, understand that in order for Villa Maria College to disclose certain information, including personally identifiable information, from my education records to anyone other than myself, I must provide consent. I understand that I am not required to sign and return this form if I do not wish consent to be given.

I am giving consent to having Villa Maria College provide Collegiate Village a copy of my award letter and cost analysis. This may be used as proof of financial aid and for other purposes.

Furthermore, I am giving Villa Maria College consent to send \$_____ directly to Collegiate Village on my behalf. Such amount is in lieu of any refund I may be entitled to and the same amount will be debited to my account, reducing any credit balance on my account. I understand that Villa Maria is not responsible for the financial obligations I have with Collegiate Village. In addition, should this payment result in a balance being owed, by me, to Villa Maria College, I understand that payment will be due immediately.

Student Name

Student Signature

Date