



I _____, W# _____
(Student's Name)

do hereby authorize Southeastern Louisiana University Controller's Office to release my financial records to the following person(s):

_____	_____	Relationship _____
(First Name)	(Last Name)	
_____	_____	Relationship _____
(First Name)	(Last Name)	
_____	_____	Relationship _____
(First Name)	(Last Name)	

This access will remain in effect through: Date _____ All Semesters

I do understand that this authorization can be revoked in writing at any time.

(Signature of Student) _____
(Date Signed)

Original signed form must be returned to the Controller's Office with a copy of the student's picture ID.

Mailing Address:	Physical Address:
Controller's Office	North Campus - Financial Aid Building
SLU 10720	900A West University Avenue Room 111
Hammond, LA 70402	Hammond, LA 70402