



AUTHORIZATION TO RELEASE ACADEMIC AND FINANCIAL RECORDS TO A THIRD PARTY

THE UNIVERSITY OF HEALTH SCIENCES

AMERICAN UNIVERSITY OF HEALTH SCIENCES

1600 EAST HILL STREET

This authorization will be effective until you withdraw it by re-submitting this form to Student Services Department.

Student's Signature

Date

Relationship

Print Name

Please send copies of the e-mails regarding my academics and financial information to:

E-mail address

I hereby authorize the release of my academic and financial information (transcript, grades and all financial record(s) to the following individual(s)

Print Full Name

Student's Signature

Date

Relationship

Print Name

Please attach a copy of **Form 1098-T** and submit this form to AUHS Student Services/Financial Aid Department.

Received by: _____
School Designated Official Department Date