

HOWARD UNIVERSITY STUDENT FINANCIAL SERVICES

RELEASE

I hereby authorize any person, including financial institutions, creditors, landlords and credit reporting agencies with knowledge or records of my personal finances, to provide such information to HOWARD UNIVERSITY or its authorized representatives, and I forever release such persons, HOWARD UNIVERSITY, and its authorized representatives from any and all liability arising out of the furnishing of such information. A photographic copy of this authorization shall be as valid as the original.

Date: _____

Signature: _____

Print Name: _____

Social Security No.: _____

Address: _____

City, State, Zip Code: _____