

Meredith College
Office of Financial Assistance
3800 Hillsborough St.
Raleigh, NC 27607
Fax 919-760-2373

I, _____ give permission to the Meredith College Office of Financial
Assistance to share information about my eligibility for financial aid and my billing statement with:
Print full name

_____	_____
<small>Print full name of individual or organization</small>	<small>relationship to student</small>
_____	_____
<small>Print full name of individual or organization</small>	<small>relationship to student</small>
_____	_____
<small>Print full name of individual or organization</small>	<small>relationship to student</small>
_____	_____
<small>Print full name of individual or organization</small>	<small>relationship to student</small>

You, the student, may revoke this permission at any time by contacting the Office of Financial Assistance.