UNIVERSITY OF VALLEY FORGE

OFFICE OF FINANCIAL SERVICES
1401 Charlestown Road
Phoenixville, PA 19460

FERPA
Release of Information

Student Name: _____ **Student's ID Number:** _____

I hereby grant the University of Valley Forge Financial Services Office permission to release the following information from my financial aid file to the following people or institutions/organizations:

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Signature of person authorizing the release of information **Date**

Please return your completed form to:
University of Valley Forge ~ Financial Services Office
1401 Charlestown Road, Phoenixville, PA 19460 **Phone:** 610.917.1475 **Fax:** 610.917.2069
Email: financialservices@valleyforge.edu