



# WILLIAM PENN UNIVERSITY

## FINANCIAL AID CONFIDENTIALITY FORM

The following person(s) are able to receive information regarding my student financial aid and billing information until such a time that I change, in writing, this information. I understand that this form will become a permanent record of the Financial Aid Office at William Penn University.

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Student's Printed Name	Signature	Date
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Address	City	State	Social Security #
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### FOLLOWING ARE PERSON(S) ABLE TO RECEIVE INFORMATION:

_____ First Middle Initial Last	_____ Relationship	_____ Date of Birth	_____ Mother's Maiden Name
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_____ First Middle Initial Last	_____ Relationship	_____ Date of Birth	_____ Mother's Maiden Name
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_____ First Middle Initial Last	_____ Relationship	_____ Date of Birth	_____ Mother's Maiden Name
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_____ First Middle Initial Last	_____ Relationship	_____ Date of Birth	_____ Mother's Maiden Name
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(Please contact the Financial Aid Office if you want more than four individuals to have access to your information.)

**Fax to (641) 673-2113, scan and email to: [admissions@wmpenn.edu](mailto:admissions@wmpenn.edu)**

Or mail to:  
**William Penn University**  
Office of Admissions  
201 Trueblood Ave  
Oskaloosa, IA 52577