



Student Financial Information Release Form

518 W. Locust St., Davenport, IA 52803
Phone: 563-333-5775 | Fax: 563-333-5818 | beecentral@sau.edu

Student Name: _____ Student ID #: _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), St. Ambrose University will disclose information from the financial records of a student provided SAU has the consent of the student on file. Please complete this form if you give consent for SAU to release your financial aid and billing account information to the individual(s) below.

I request and authorize St. Ambrose University to release information concerning my financial aid, financial aid obligations, and student account billing information to:

Name	Address	Relationship

Student's Signature _____ Date ____/____/____

Completed forms may be submitted to the Bee Central Office:

Electronically Fax to 563-333-5818 or scan then email to beecentral@sau.edu

In person Bee Central Office, Ambrose Hall 1st Floor
Monday- Thursday 8-5:30, Friday 8-4:30

By mail St. Ambrose University, Bee Central Office, 518 W. Locust St., Davenport, IA
52803

Students wishing to allow an authorized user to access their account to make payments, set up payment plans and receive notification of new billing statements will still need to add this individual as an Authorized User via Beeline to give them this access.

Note: Nothing contained in this document amends or modifies the right of St. Ambrose University to release "directory information" in accordance with its policy under the Federal Educational Rights and Privacy Act of 1974, as explained in the Students' Handbook.