



UNIVERSITY OF  
**VALLEY FORGE**

**OFFICE OF FINANCIAL AID**  
1401 Charlestown Road  
Phoenixville, PA 19460

2017-2018  
Release of Information

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby grant the University of Valley Forge Financial Aid 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 Aid Office  
1401 Charlestown Road, Phoenixville, PA 19460 **Phone:** 610.917.1475 **Fax:** 610.917.2069  
**Email:** financialaid@valleyforge.edu  
**Virginia Campus:** 703.580.4810