



**OFFICE OF STUDENT ACCOUNTS  
FINANCIAL INFORMATION RELEASE FORM  
FOR STUDENTS WITH THIRD PARTY SPONSORS**

Dear Student,

Vanderbilt University has received authorization from a third party (sponsor i.e. outside agency, corporation or State Prepaid Plan) that they will pay all or part of your eligible tuition, fees, and/or options. The Student Accounts Office requires written authorization from you to release your Vanderbilt student account information to your sponsor. Please complete the information below and send to the Student Accounts office on or before the appropriate due date listed below. By sending this form, you are requesting that Vanderbilt bill your sponsor and release information to the sponsor as needed to service your account. The release form is required but you will only need to complete the form once. The release will remain in effect throughout your attendance at Vanderbilt University.

If your sponsorship amount is changed or cancelled, for any reason, you are responsible for unpaid amounts due Vanderbilt University. Future sponsorships are not allowed until current sponsorships are paid in full. Students cannot enroll in future semesters or receive transcripts until all charges on their Vanderbilt University accounts are paid in full.

Complete, sign, and send the form below to the Office of Student Accounts no later than:

New students entering in:	Fall semester	July 15
	Spring semester	November 15
	Summer semester	May 15

You may deliver in person or mail to Tracy Pine, 110 21<sup>st</sup> Avenue South, Suite 100, Room 105; fax 615-343-8511 or e-mail [tracy.pine@vanderbilt.edu](mailto:tracy.pine@vanderbilt.edu). If you have any questions, contact the Office of Student Accounts at 615-322-6694.

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(VU Account Number)

I authorize Vanderbilt University to release to my sponsor any financial information necessary to service my account.

If my sponsorship is cancelled for any reason, I understand that I am responsible for all charges due Vanderbilt University by payment due date or immediately depending on the time of year. If my sponsor does not pay in full by the last day of the sponsored semester, I am responsible for any unpaid amounts. I understand that future sponsorships are not allowed until current sponsorships are paid in full.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student E-Mail address \_\_\_\_\_ Phone# \_\_\_\_\_

Sponsor Name \_\_\_\_\_

**MAKE A COPY FOR YOUR RECORD**