

**DELEGATION OF AUTHORITY TO ACCESS STUDENT FINANCIAL
INFORMATION**

Note: This form must be completed by the student in order for a parent or an additional person other than the student to have access to that student's financial information. The completed form must be returned to Financial Services when completed. (Evaristus Room 211 or fax to 902-443-1414).



Date

Student Name

Student Number

I agree that (enter names of all parties) _____
have permission to have any and all financial information that they request about my student
account at Mount Saint Vincent University. This permission will remain in effect until I submit a
written request to the contrary.

Student Signature

University Authorization

Student Phone Number

Student Email Address