

Employee Authorization Form

To be completed only in cases where the employee is also a student

I understand that by signing this form I am authorizing the Human Resources Department to share my employee profile information (name, home address, social security number, date of birth, home and work telephone, gender, marital status, and citizenship) with individuals who have a University business purpose in departments listed below:

- Admissions**
- Enrollment Services**
- Finance**
- Financial Aid**
- MIS**

I understand that at the end of the period covered by this Employee Tuition Grant, my authorization will automatically be rescinded but will automatically be renewed each time I enroll and attend classes in the future. I also understand that this authorization will be kept on file in Human Resources and I will not be required to completed another form, even if I apply for additional Employee Grants in the future.

NAME (please print)

NAME (please sign)

DATE

ID # _____

Whenever appropriate, this form must be completed and stapled to the application for Employee Tuition Grant.