



Huron
AT WESTERN

**Huron University College – Accounting Office
RELEASE OF STUDENT FEE ACCOUNT INFORMATION FORM¹**

I _____
Student Name Student ID

Authorize the following;

➤ Individual(s);

Name	Relationship	Email/Phone #:

➤ Organization(s);

Name	Contact Person	Email/Phone #:

To have access, on my behalf, to my student fee account information via;

- Phone/Fax:
- Mail
- In Person
- Email (*Your authorized individual must email from the email address specified above*)

From Start Date: _____ to End Date: _____

NB: Authorization can only be granted for a maximum period of 5 years.

Student signature Date

¹ Huron University College is not permitted to contact a third party for the collection of monies owed.

Please return your completed form to the Student Accounts Office Rm W37, fax 519-438-3800 or skaberer@huron.uwo.ca