Kentucky Wesleyan College

Financial Aid Office

**Employer-Provided Tuition Assistance**

**Authorization of Release of Grades to Employer**

Aid Year: 2022-2023

Student Name:

Student ID Number:

Student DOB: / /

I, , authorize Kentucky Wesleyan College to release my grade report to my below listed employer for payment to process from the employer to Kentucky Wesleyan College. I understand that my balance will be held until payment is received by the cashier of Kentucky Wesleyan College and I am financially responsible for ensuring timely payment on the balance of my account. The terms and conditions of my benefit structure are attached to this release. I understand that I am able to do this on my own, but have given authorization for this release.

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person for Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: Date: