

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end of the period covered by this Employee Tuition Grant, I may email etg@fdu.edu if I wish to have this authorization rescinded. Should I rescind the authorization and enroll in subsequent courses, I understand I will need to resubmit a second authorization form.

NAME (please print)

NAME (please sign)

DATE

ID # _____

Please return the completed form to etg@fdu.edu.