

**Taylor University Fort Wayne (TUFW)
Release of Student Financial Information
To a Secondary Billing E-mail Address**

I hereby authorize TUFW, by my signature on this form, to electronically provide a copy of my monthly billing statement to the e-mail address(es) listed below.

I understand that my TUFW-assigned student e-mail address remains my primary address and that I remain responsible to review my account statements when they are sent to me each month.

I will be responsible to notify TUFW Business Office of changes to this or any of my billing e-mail addresses.

Date: _____

Secondary E-mail Billing Address: _____

Student ID Number: _____

Student Name: _____

Student Signature: _____

Permanent Address: _____

Student Phone Number: _____

Return completed form to:
Taylor University Fort Wayne
Business Office
1025 W. Rudisill Blvd.
Fort Wayne, IN 46807

or Fax to 260-744-8873