



RELEASE OF INFORMATION

FLORIDA ATLANTIC UNIVERSITY Office of Student Financial Aid

Boca Campus:

777 Glades Road
Boca Raton, FL 33431-0991
Tel: (561) 297-3530
Website: www.fau.edu/finaid

Davie Campus:

2912 College Ave. Bldg #49
Davie, FL 33314
Tel: (954) 236-1229




Jupiter Campus:

Honors College
5353 Parkside Drive
Jupiter, FL 33458

PSL Campus:

500 NW California Blvd.
Port St. Lucie, FL 34986
Tel. (772) 873-3301

Complete this form for the following:

-  If a student requests their Financial Aid file be transferred to another FAU partner campus,
-  If a student requests a copy of a document from their Financial Aid file
-  If the requesting document is related to parent/guardian (i.e. Parents tax info), then the parent/guardian **MUST** also sign this form.

STUDENT'S NAME: _____ SSN: _____ FAU Z Number: _____

I hereby authorize the Office of Student Financial Aid at Florida Atlantic University to release the following information:

Reason for Disclosure:

Mail information to:

Name: _____

Address: _____

Student Signature

Date

Eligible Parent/Guardian Signature

Date