RELEASE OF INFORMATION

FLORIDA ATLANTIC UNIVERSITY
Office of Student Financial Aid

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: ______________________
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 _________________________________________________________________________________________