

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 Davie Campus: 3200 College Ave. Bldg LA-122 Davie, FL 33314 Tel: (954) 236-1229 Jupiter Campus: Honors College 5353 Parkside Drive Jupiter, FL 33458

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, then the parent/guardian MUST also sign this form
- ♣ If the requests pertains to tax information, please contact the IRS.gov website to get a transcript of your tax return. The Financial aid office will not release any tax information once submitted

STUDENT'S NAME:	FAU Z Number:
I hereby authorize the Office of Student Financinformation:	cial Aid at Florida Atlantic University to release the following
Reason for Disclosure:	
I will pick up Date	
Mail information to: Name:	
Address:	
Student Signature	Date
Eligible Parent/Guardian Signature	Date