Aid Year: _____

Release of Information

Office of Student Financial Aid | Florida Atlantic University

Submit this form online via owlfiles.fau.edu
Need Help? Visit fau.edu/finaid/contact

Student Name _____ Student Z Number _____

Complete this form if, for any of the following reasons:

- You are requesting your Financial Aid file to be transferred to another FAU partner campus.
- You are requesting a copy of a document from your Financial Aid file.
- You are requesting a document that is related to your parent/guardian. (Parent/guardian MUST also sign this form.)
- You are requesting a document that pertains to tax information. (Please visit irs.gov to get a tax return transcript to submit along with this form.) *The Financial aid office will not release any tax information once submitted.*

I hereby authorize the FAU Office of Student Financial Aid to release the following information:

Reason for Disclosure:

Method of Delivery (Choose one):

☐ Pickup In Person on Date: _____

☐ Receive By Mail To:

Name: _____

Address: _____

_____

Student Signature _____ Date _____

Parent/Guardian Signature (if necessary) _____ Date _____