



**Student Release of Information**

Please complete and return this optional form if you want to authorize Graduate Financial Aid to discuss your financial aid information with a third party, such as your spouse, parent, landlord, etc. *We cannot release information specific to your financial assistance without your written permission. This form will be valid from the date you submit the completed release form through the end of the spring quarter, when the school year ends.*

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To all persons, be it known, that I, \_\_\_\_\_ (student's printed name), do hereby give Graduate Financial Aid permission to release verbal and/or written information regarding all aspects of my financial assistance application to the following person(s):

*Please check all that apply and list the full name of each person.*

- Spouse; \_\_\_\_\_
- Mother; \_\_\_\_\_
- Father; \_\_\_\_\_
- Other Relative; \_\_\_\_\_
- Landlord; \_\_\_\_\_
- Friend/Other; \_\_\_\_\_

This consent is valid through \_\_\_\_/\_\_\_\_/\_\_\_\_ (no later than the last day of the spring quarter). I understand that without my consent, Graduate Financial Aid cannot release information to third parties regarding my financial aid.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Date