RELEASE OF CONFIDENTIAL INFORMATION

_____ _____
Last Name, First Name, Middle Initial Last 4 digits of SSN

OPTIONAL: If you want a parent, spouse, or other individual to have access to your financial aid information, you must authorize release of confidential information about your application and award status by completing and signing the following:

I authorize _____ _____
Print Name(s) Relationship: Parent/Spouse/Other

To have access to information about my 09-10 financial aid application and award status.

_____ _____
Student Signature Date