



Authorization to Release Financial Aid Information (2022-2023)

Date: _____

To: Financial Aid Office

From: _____
Last Name First Name

ID #: _____

This letter certifies that I give permission to release all of my financial aid information to _____ who is my _____.

(First name Last Name) (Relationship to student).

Their Social Security Number is ____-____-____.

[] Initial here - I understand the information released is ONLY for the FAFSA Year 2022-2023.

[] Initial here - I further understand I must sign a new authorization form for each subsequent FAFSA year.

Student's Signature _____ Today's Date _____

*Parent's signature _____ Today's Date _____

*Only required if parent signed FAFSA