

FINANCIAL AID INFORMATION RELEASE FORM 2011-12 AWARD YEAR

To be completed by the student and mailed, faxed or emailed to our office

Please print

Student Name _____

ID Number _____

Home Mailing Address _____

City _____ State _____ ZIP _____

Telephone Number (_____) _____

E-mail address _____

I, _____, give consent to have financial aid information released to the following people or organizations:

Name of Person or Organization

Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing this document, I give the Office of Financial Aid permission to release information to the above named parties (including myself). I understand that I can rescind any portion of this authorization at any time. I understand that this authorization form is valid for my entire career at Trine University. If new people are to be added, a new authorization must be completed by me with the updated information.

Student Signature _____ Date _____