

To be completed by the student and mailed to our offices at  
Trine University, Office of Financial Aid, 1 University Ave., Angola, IN 46703

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 \_\_\_\_\_