

INDIANA UNIVERSITY NORTHWEST

fill-in form - click in area to be completed, print, and sign

Release of Information Form

Please return the completed form to:
Office of Financial Aid and Scholarships
3400 Broadway
Hawthorn Hall Room 111
Gary, IN 46408-1197
Phone: (877) 280-4593
Fax: 219-981-5622

Student's Name _____ University ID Number: _____
Please Print

Telephone Number: _____ Email Address: _____

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

| Name of People or Organizations | Relationship |
|---------------------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

By signing this document, I give the Office of Financial Aid and Scholarships permission to release information to any of the above parties in the forms of letters, phone conversations, emails, and faxes.

I understand that I can rescind any portion of this authorization in writing at anytime. I understand that this authorization is valid for my entire academic career at IU Northwest.

Student's Signature

Date