

INDIANA UNIVERSITY NORTHWEST

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: (219) 980-6778
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:

<u>Name of People or Organizations</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 IUN.

Student's Signature

Date