



OFFICE OF FINANCIAL AID

1950 Third Street
 La Verne, California 91750
 909-593-3511, Ext. 6068
 E-mail: finaid@ulv.edu
Knowledge _ Service _ Vision

PERMISSION TO RELEASE INFORMATION

I understand that under the provisions of the Federal Privacy Act of 1974, as amended, my financial aid records will not be released to anyone outside the federal financial aid program, state financial aid program or the University of La Verne without my approval. I hereby authorize the Office of Financial Aid at the University of La Verne to release information regarding eligibility, offers of assistance and disbursements to the person(s) named below. I waive any requirement that I be furnished a copy of those records prior to or concurrent with their release.

This consent remains in effect until otherwise notified in writing to the Office of Financial Aid. A photocopy or facsimile of this authorization shall be considered as valid as the originally signed document. This document may be **faxed** to the Office of Financial Aid at 909-392-2751.

PLEASE PRINT CLEARLY

Student Name:		ID#:
Permanent Address		
Home #:	Work #:	Email:
Student Signature :		Date:

PLEASE RELEASE MY FINANCIAL AID INFORMATION TO:

Full Name:	Relationship:
Full Name:	Relationship:

THIS DOCUMENT MAY BE FAXED TO THE OFFICE OF FINANCIAL AID AT 909-392-2751.

OFFICIAL USE ONLY	
Date Received: _____	Date updated in Banner: _____