

Request for Release of Financial Aid Information

Student's Information:

Name: _____ Telephone# _____

Address: _____ LIU ID # _____

Registration Information

Credits Registered for: _____
Fall Spring Summer

Release Authorization:

I authorize the Office of Student Financial Services at Long Island University to release my financial aid information to:

Agency Name: _____

Address: _____

Please complete attached form: _____ Union
_____ Public Assistance
_____ GRE/AMCAS Fee Waivers
_____ Other

() I will pick up the information requested after 5 to 7 Business days.

() Please mail the information requested after 5 to 7 Business days to the above agency.

Student's Signature: _____ Date: _____

Valid ID Has been Reviewed and this form Received by: _____
Financial Aid Counselor