

# AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the University of Wisconsin-Superior Financial Aid Office to discuss my financial aid information with: (check all boxes that apply and print name)

- Spouse \_\_\_\_\_
- Mother \_\_\_\_\_
- Step-Mother \_\_\_\_\_
- Father \_\_\_\_\_
- Step-Father \_\_\_\_\_
- Other (please identify relation to student)

\_\_\_\_\_  
\_\_\_\_\_

I understand that this release is for ALL of my financial aid information, including tax forms (if applicable), award amounts, and student employment. This authorization is valid until I am no longer an enrolled student at UW-Superior. I also understand that I have the right to revoke this authorization, in writing, at any time.

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_