

# AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the University of Wisconsin-Platteville 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 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-Platteville. I also understand that I have the right to revoke this authorization, in writing at any time.

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

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

STUDENT ID NUMBER (Social Security No.): \_\_\_\_\_

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