Student Authorization Information Release Form
2020-2021

Please select **ONE** of the following options and complete the student certification box below:

I, _____, "NAU student" am submitting this Authorization Information Release to the Financial Aid Office. I do hereby authorize the Financial Aid Office to release my financial aid information to the following person(s). With this authorization, I understand that any Financial Aid Office staff can discuss the contents of my financial aid file and resulting package only to the person(s) mentioned below in my absence:

_____   _____

Name   Relationship to Student

_____   _____

Name   Relationship to Student

_____   _____

Name   Relationship to Student

OR

I, _____, "NAU student" do NOT want the contents of my financial aid file to be discussed with anyone.

Student Certification

_____   _____
Student Name (Please TYPE)   Social Security #

_____   _____
Student Signature (Please sign in INK) Date