



**Financial Aid
Student Authorization Information Release Form**

Complete this form to voluntarily authorize NAU to release your financial aid information to the person(s) you indicate below. This authorization will remain continuously in effect until the student withdraws this authorization in writing or for a maximum of five years from the date on this form.

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

Student Certification

_____	_____
Student Name	Social Security #
_____	_____
Student Signature	Date