

STUDENT REQUEST FOR RELEASE OF FINANCIAL AID INFORMATION

University of Wisconsin – Madison Office of Student Financial Aid

This form is intended for student use to authorize release of private student record information to a third party. Prior to submitting this form, please check to see if you can provide the information to a third party yourself, through access to your record at the Student Center in My UW (my.wisc.edu or myinfo.wisc.edu). For additional information about privacy of student information, please visit registrar.wisc.edu/FERPA. **Please fill in all information below and sign.**

Student ID #			Date of Birth (mm/dd/yyyy)
Last Name	First Name	Middle	Maiden/Previous Name
Email Address and/or Phone Number			

1) I give the Office of Student Financial Aid at the University of Wisconsin-Madison permission to release the following private/protected information (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> My financial aid award detail
<input type="checkbox"/> My federal loan requests
<input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> My private loan requests
<input type="checkbox"/> My eligibility for aid |
|---|--|

2) This request to release information is pursuant to the following purpose (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Tuition payment
<input type="checkbox"/> Housing payment
<input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Future financial planning |
|--|--|

3) I authorize you to release the information above to the following third-party (indicate relationship):

4) Preferred method of delivery to person/organization named in 3) above:

- Phone (specify number with area code): _____
- Email (specify email address): _____
- U.S. mail (specify mailing address) _____

My required signature below indicates that I have read and understand the following:

- I understand that this request is applied indefinitely until I choose to revoke it. If there is a hold on my record which prohibits release of information, this request will not be fulfilled.
- I understand that it is my responsibility to check for and clear any holds that prohibit release of information prior to submitting this request. Holds can be checked through the My UW portal at my.wisc.edu or myinfo.wisc.edu.
- Requests will be reviewed and processed by the Office of Student Financial Aid within five business days of receipt, and will not be valid for future requests
- I understand that I must complete a separate release form for each request.
- I understand that I will not be contacted when the above information is released to the designated recipient.
- This form is valid only for requesting the release of financial aid information maintained by the Office of Student Financial Aid. It is not intended for release of academic, health or other student records that reside on campus in deans offices, academic departments, etc.
- I understand that both myself and my third-party must comply with the two part authentication process by providing my campus ID and one of the following (date of birth, wisc.edu email, or last four digits of SSN)

Signature _____ **Date** _____

Printed Name _____

Submit this form in person, by mail, or email to: University of Wisconsin-Madison Office of Student Financial Aid, 333 E Campus Mall #9701, Madison, WI 53715-1384