



Office of Financial Aid
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Office Location: North Haven Campus MNH 211J

Authorization for Release of Financial Aid Information Form

I hereby authorize the Quinnipiac University School of Medicine Office of Financial Aid to release information pertaining to my financial aid application and/or award to the following:

Third Party Name _____

Address _____

Relationship to Student _____

Student's Name

Quinnipiac ID

Student's Signature

Date

File Copy