



2020/2021
Authorization to Release Information

Student's Name (*please print*) _____

QU ID#: _____

Due to the FERPA Privacy Act, the Graduate Financial Aid staff does not release information regarding your personal situation. If you wish to share information, please complete the following information **each year**.

Name(s) _____

Relationship _____

Phone number _____

I authorize the Quinnipiac University Office of Graduate Financial Aid to release information pertaining to my financial aid, application and/or award status to the individual(s) listed above.

Student's Signature and Date _____

*Font signatures are **not** acceptable*

Return via fax, mail or in-person to:

Office of Graduate Financial Aid, Quinnipiac University, 275 Mount Carmel Avenue., NH-GRD, Hamden, CT 06518
Fax 203-582-4061 Phone 203-582-8588 Email gradfinaid@qu.edu