



## Information Release Form

I hereby authorize the Office of Undergraduate Financial Aid to release information pertaining to my financial aid application and/or financial aid offer at Quinnipiac University to the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Student's name \_\_\_\_\_ ID# \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Custodial parent's name \_\_\_\_\_

Custodial parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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For FAO use only:

Student's ID confirmed \_\_\_\_\_