

PERMISSION TO SHARE FINANCIAL AID INFORMATION
2009-2010 ACADEMIC YEAR

This authorization permits the Office of Financial Aid at Wesleyan University to share information and discuss financial aid matters pertaining to your file with specified outside parties. Please complete and sign the form below and return it to the Office of Financial Aid, 237 High Street, Middletown, CT 06459-0260, or fax to 860-685-2801. This form must be signed at the bottom by the matriculated Wesleyan student and is only valid for 2009-10 information. You must complete a new form each academic year.

IMPORTANT: Please be sure to complete all sections of this form. If any part is left blank, the permission form will not be processed.

I give permission to the Office of Financial Aid at Wesleyan University, to release information regarding my financial aid to the following parties:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Records to be released: All Specific records _____

Purpose of Disclosure: Assist with financial aid process Other _____

Student's Last Name: _____

Student's First Name: _____

Wes ID: _____ Class Year: _____

Student Signature _____ Date: _____