



# Permission to Share Financial Aid Information

Do not leave  
any  
information  
blank.

Student's Name: \_\_\_\_\_

WES or Applicant ID: \_\_\_\_\_ Class: \_\_\_\_\_

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. If you wish to allow someone **other than your parent** to contact us on your behalf, you must first fill out and return the Form. Privacy laws prohibit our office from discussing your application with anyone but you or your parent unless we have a written release form on file. Please complete and sign the form below and return it to the Office of Financial Aid. This form must be signed at the bottom by the prospective or matriculated Wesleyan student and is only valid for 2016-17 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: \_\_\_\_\_  
*(Other than your parent)*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_  
*(Other than your parent)*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_  
*(Other than your parent)*

**Records to be released:** ↑ All ↑ Specific records \_\_\_\_\_

**Purpose of Disclosure:** ↑ Assist with financial aid process ↑ Other \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_