

Student Name: _____

Wes or Applicant ID: _____

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(s) 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 completed in its entirety and be signed by the prospective or matriculated Wesleyan student and is valid for any information provided through the expiration date.

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 record(s): _____

Purpose of disclosure: Assist with financial aid process Other: _____

Expiration Date: None Specific end date: _____

Student signature _____ **Date** _____