

2022–2023

FINANCIAL AID RELEASE FORM

Student Name: _____ Student ID Number: _____

Authorization for the Release of Financial Aid Information

By completing this form, you authorize the Financial Aid Office at the University of Pittsburgh to discuss information regarding all aspects of your financial aid, **except for information pertaining to your academic progress**, to the individuals whom you list below. Please note that this is a precautionary measure taken to protect your privacy.

This release will remain in effect until you revoke privileges in writing.

I _____, hereby authorize the University of Pittsburgh’s Financial
 (Print Name)
 Aid Office to provide information regarding my financial aid to the person, agency, or program listed below.

Student Signature

Date

Name	Relationship	Date of Birth