

**2024-2025**

**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 Aid Office to provide information regarding my financial aid to the person, agency, or program listed below.  
*(Print Name)*

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

Date \_\_\_\_\_

Name	Relationship	Date of Birth