



Office of Student Financial Aid
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Iowa City, Iowa 52242-1315
319-335-1450
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www.uiowa.edu/financial-aid

Release of Information

I hereby authorize the Office of Student Financial Aid to speak or correspond with the following person/agency regarding my financial aid:

(Print Name of Person or Agency) (Print Relationship to Student)

All information in my financial aid record may be discussed with the above person/agency except: (Fill in this section only if you want specific information withheld from the person/agency listed.)

Three horizontal lines for providing specific information to be withheld.

I understand that this release will remain in effect as long as I am a student at The University of Iowa unless I complete the following section listing an expiration date.

This release expires on (Date)

(Student's Signature) (Date)

(Student's Printed Name) (Student's ID Number)

Office Use Only

(Route this form to the Senior Associate Director to record)

On PC for year

(initials) (date)