



FINANCIAL AID RELEASE FORM

The UMDNJ Financial Aid Office takes every measure to safeguard against unwarranted invasion of privacy by restricting disclosure of personal identifiable records maintained by our office. Completing this form authorizes the UMDNJ Financial Aid Office to release internal official information only to the individual or agency listed.

Any subsequent requests require the completion of another Financial Aid Release form.

I hereby allow the UMDNJ Financial Aid Office to release internal official information regarding my financial aid (i.e. relevant educational expenses, student budget costs and total financial aid eligibility).

Student's Name (Please Print)

University ID Number (UIN)

UMDNJ School Name

Graduating Class

Student Signature

Date

Purpose of Release: _____

For which academic year do you wish information to be released: _____ (i.e. 11/12)

Do you wish to pick up the documentation from the Financial Aid Office? YES NO

If you indicated "NO", please provide the name of the individual or agency requesting the information along with their address.

Name of Agency/Individual: _____

Address: _____

Information provided by the Financial Aid Office is prepared in letter format and is completed within 5 business days.