



# AUTHORIZATION FORM

For which academic year are you applying?  
(Select one academic year)

2011-2012

2012 – 2013

**You MUST print, sign and submit this form to your Student Financial Aid Office.**

## STUDENT SECTION

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

Date \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

University Identification Number (UIN) \_\_\_\_\_

School \_\_\_\_\_

Class Year \_\_\_\_\_

### FINANCIAL AID RELEASE CONSENT

Do you authorize the SFAO to discuss your financial aid with a parent, spouse or any other person(s)?

Yes  No (If "Yes", please list names)

Name \_\_\_\_\_

Relationship To Student \_\_\_\_\_

Name \_\_\_\_\_

Relationship To Student \_\_\_\_\_

## PARENT SECTION

If parental information is provided and the student discusses his/her file with the school's financial aid counselor, do you authorize the counselor to discuss your information with the student?

Yes  No

Parent Signature \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

By signing above I / we certify that the information provided on the Financial Aid Application is complete and accurate to the best of my / our knowledge. I / We have read and understood the policies and procedures pertaining to the financial aid application process.

**I / We understand that any false or misleading information given for the purpose of receiving financial aid will result in one or more of the following actions: cancellation of current award, repayment of funds received, and/or other possible disciplinary actions.**

**PLEASE NOTE:** If you are unable to print the Authorization Form at this time, you may access this document at [http://www.umdnj.edu/studentfinancialaid/app\\_process/packet\\_forms.htm](http://www.umdnj.edu/studentfinancialaid/app_process/packet_forms.htm)