



**NORTH AMERICAN
UNIVERSITY**
INSPIRATION INNOVATION GLOBAL COMPETENCE

Student Authorization Information Release Form 2019-2020

Please select **one** of the following options and complete the student certification box below:

I, _____, "NAU student" am submitting this Authorization Information Release to the Financial Aid Office. I do hereby authorize the Financial Aid Office to release my financial aid information to the following person(s). With this authorization, I understand that any Financial Aid Office staff can discuss the contents of my financial aid file and resulting package only to the person(s) mentioned below in my absence:

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

OR

I, _____, "NAU student" do NOT want the contents of my financial aid file to be discussed with anyone.

Student Certification

Student Name (Please Print)

Student ID Number

Student Signature

Date