



Financial Aid
Student Authorization Information Release Form

Please TYPE Your Responses

Complete this form to voluntarily authorize NAU to release your financial aid information to the person(s) you indicate below. This authorization will remain continuously in effect until the student withdraws this authorization in writing or for a maximum of five years from the date on this form.

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

Student Certification

_____ Student Name	_____ Social Security Number
_____ Student Signature (See signature instructions in portal)	_____ Date