



2016-2017 FINANCIAL AID RELEASE FORM

By completing this authorization, you authorize the Financial Aid Office at the University of Pittsburgh to provide information regarding all aspects of your financial aid, **except for information pertaining to your academic progress**, to the individuals whom you list below, including your parents, your spouse, or outside organizations. Please note that this is a precautionary measure taken to protect your privacy.

This release will remain in effect until you revoke privileges in writing.

I _____, hereby authorize the University of Pittsburgh's Financial Aid Office to provide information regarding my financial aid to the person, agency, or program listed below.
(Print Name)

Name	Relationship

Student's Signature

Date

Student ID Number