



Information Release Form

I hereby authorize the Office of Undergraduate Financial Aid to release information pertaining to my financial aid application and/or financial aid offer at Quinnipiac University to the following:

Student's name _____ ID# _____

Student's signature _____ Date _____

Custodial parent's name _____

Custodial parent's signature _____ Date _____

Name of person you wish to authorize permission to speak with the Financial Aid Office: _____

Address: _____

Phone: _____

Relationship to student:

For FAO use only:

Student's ID confirmed _____