



Please return this form to:
 University of North Texas
 Student Financial Aid and Scholarships
 PO Box 311370
 Denton, TX 76203-1370
 Fax: (940) 565-2738

2008-2009 Authorization to Release Financial Aid Information

SECTION A: STUDENT INFORMATION

Name:		UNT Assigned ID:
Telephone (include area code):	Email:	Social Security Number:

SECTION B: AUTHORIZED CONTACT

I authorize Student Financial Aid and Scholarships to release information about my financial aid to the following individual(s):

- Name (Full Name) _____
- Relationship to Student _____
- Contact Information _____
- Required Data to Confirm Identity (date of birth or driver's license) _____

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- Relationship to Student _____
- Contact Information _____
- Required Data to Confirm Identity (date of birth or driver's license) _____

SECTION C: COMMENTS

Please provide any additional information needed for this request:

SECTION D: CERTIFICATION

I certify that all information contained on this form is true and accurate. I understand that this form is for the 2008-2009 academic year only (unless noted otherwise on this form). I must complete a new authorization for any future years. I understand that I may be contacted if further information is needed.

Student Signature

Date

 X _____