



Office of Student Financial Aid

Release of Information/Consent to Disclose Information

2017/2018 Academic Year

(Please note this form is Optional)

I hereby give permission to the Office of Student Financial Aid and Student Account staff to disclose information concerning my financial aid and student account records to the individual(s) listed below. This includes but is not limited to my account balance/charges (tuition/fees, housing, etc.), financial aid application status, financial aid eligibility, satisfactory academic progress, etc.)

Individuals to whom disclosure may be made:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that I may revoke my permission in writing at any time.

Student Name (PLEASE PRINT)

Student Signature

UCA ID or Social Security Number

Date

OFFICE USE ONLY
Received by: _____
RRAAREQ "R": _____
RRAAREQ "S": _____
RHACOMM: _____