



Office of Student Financial Aid
 208 Calvin Hall
 Iowa City, Iowa 52242-1315
 319-335-1450
 financial-aid@uiowa.edu
 www.uiowa.edu/financial-aid

Release of Information

If you are authorizing your parent and that parent's information is listed on your Free Application for Federal Student Aid (FAFSA), you do not need to complete this form. If you are a medical, dental, or pharmacy student, provided parent information on your FAFSA, and are authorizing that parent, you will need to complete this form.

I hereby authorize the Office of Student Financial Aid to speak or correspond with the following person/agency regarding my financial aid:

_____ (Print Name of Person or Agency) _____ (Print Relationship to Student)

All information in my financial aid record may be discussed with the above person/agency except:
(Fill in this section only if you want specific information withheld from the person/agency listed.)

I understand that this release will remain in effect as long as I am a student at The University of Iowa unless I complete the following section listing an expiration date.

This release expires on _____.
(Date)

_____ (Student's Signature) _____ (Date)

_____ (Student's Printed Name) _____ (Student's ID Number)

Office Use Only

(Route this form to the Senior Associate Director to record)

On MAUI for _____ year

_____ (initials) _____ (date)