



Office of Student Financial Aid

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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)