



INFORMATION RELEASE REQUEST AUTHORIZATION FORM

Student Name: _____ University ID: N _____
First Last

THE STUDENT REQUESTS THE FOLLOWING: (check one)

- Complete the attached form.
Provide a fee waiver for graduate/professional standardized tests.
Provide a fee waiver for graduate or professional school admissions application.
A statement itemizing the student's financial aid and cost of attendance.

For academic year: _____ Fall/Spring Fall only Spring only Summer only

PROCESSING: (processing time is within 7-10 business days)

- Mail to the student at permanent address on file.
Email to the student at their NYU email address.
Mail to the following agency:
Email/Fax to the following agency:
Hold for pick-up at the NYU StudentLink Center, Manhattan.
Hold for pick-up at the NYU StudentLink Center, Brooklyn.

AUTHORIZATION:

I authorize New York University to release information about my financial aid record and student status to the above offices, institutions, agencies, or programs.

Student signature: _____ Date: _____

NOTE: Electronic signatures are not accepted. Signature must match your legal form of ID (driver's license, passport, etc).

Include your University I.D. Number on all pages and submit by one of the following:

Table with 3 columns: MAIL/IN PERSON, FAX, SCAN/EMAIL. Contains contact information for NYU Office of Financial Aid at StudentLink Center in Manhattan and Brooklyn.