



INFORMATION RELEASE REQUEST AUTHORIZATION FORM

Student Name: _____
First Last

University ID: N _____

THE STUDENT REQUESTS THE FOLLOWING: (check one)

- ☐ Complete the attached form.
- ☐ Provide a fee waiver for graduate/professional standardized tests. **(NYU cannot submit GRE fee waivers to ETS on the student's behalf. The student should submit GRE fee waiver requests directly to ETS).**
- ☐ Provide a fee waiver for graduate or professional school admissions application. *(One waiver letter will be produced which can be photocopied by the student for all applications. Please note that NYU does not provide fee waivers to students who plan to transfer to other undergraduate schools.)*
- ☐ A statement itemizing the student's financial aid and cost of attendance. **(Students may print current aid year award letters, which include the cost of attendance, on NYU letterhead directly from their Albert Student Center by navigating to the award page.)**

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. Please be sure that the permanent address is correct on your Albert Student Center and make any corrections necessary.
- ☐ 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** (383 Lafayette Street). If not retrieved within 30 days, the physical copy will be shredded and a digital copy will be maintained for the remainder of the academic year.
- ☐ Hold for pick-up at the **NYU StudentLink Center, Brooklyn** (5 Metrotech Center, Dibner Building - 2nd floor). If not retrieved within 30 days, the physical copy will be shredded and a digital copy will be maintained for the remainder of the academic year.

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. I understand that in most cases, electronic reproductions will be provided unless otherwise indicated.

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:

MAIL/IN PERSON	FAX	SCAN/EMAIL
NYU Office of Financial Aid at StudentLink Center 383 Lafayette Street, 1 st Floor, New York, NY 10003 Attn: IRR	212-995-4661 Attn: IRR	financial.aid@nyu.edu Attn: IRR
NYU Office of Financial Aid at StudentLink Center 5 Metrotech Center, Dibner Hall, Room 201, Brooklyn, NY 11201 Attn: IRR		