

Release of Information Form

Information to be released (check all that apply):

- Financial Aid Status
- Current Financial Aid and History
- Copies of Forms (i.e., tax returns, etc.)

Other: _____

Name and Address of Agency/Person to Release Information to:

I authorize the Financial Aid Office at Western Illinois University to release the above information.

Signature of Student

Date

WIU ID Number

Student Phone Number

Local Student Address

City

State

Zip Code

Return Form to: Financial Aid Office
Sherman Hall 127
Western Illinois University
1 University Circle
Macomb, IL 61455
FAX: (309) 298-2353