

Student Release Form

I authorize the Office of Financial Aid at Purdue University Northwest to release financial aid information as well as my academic information or other information to scholarship donors or other third parties as needed. I may rescind this authorization with a written and signed statement to the Office of Financial Aid.

Student Name: _____

Student Signature: _____

PUID: _____

Date: _____

Instructions: complete the form and return it to the Office of Financial Aid.

Office Use Only: _____ STUREL (S)

Hammond Campus

2200 169th Street ■ Hammond, IN 46323
(219) 989-2301 ■ fax (219) 989-2141

Westville Campus

1401 S. U.S. Hwy. 421 ■ Westville, IN 46391
(219) 785-5460 ■ fax (219) 785-5653