

**Walden University**  
**Student Information Release Authorization**

**Students: If you would like a spouse/family member/friend to have access to your financial aid information, please complete all items below and return this authorization form to the Office of Financial Aid.**

<b>Student Information</b>			
Name (last, first, middle initial)	Social Security Number	Phone Number	
Street Address	City	State	Zip Code
<b>Spouse/Family Member/Friend must give the student's date of birth when calling the Office of Financial Aid</b>		<b>Date of Birth</b>	
<b>Spouse/Family Member/Friend Information:</b>			
Name		Street Address	
City	State	Zip Code	Phone Number
<b>Release Authorization</b>			
<p><b>I hereby authorize the Office of Financial Aid at Walden University to release information pertaining to my financial aid to the individual named above, in person or via telephone. I understand I must complete this form every academic year.</b></p>			
Student signature		Date	
Spouse signature (independent student only)		Date	
Parent signature (dependent student only)		Date	

Rev 02/09

**POSTING AND PROCESSING OF THIS DOCUMENT BY WALDEN UNIVERSITY'S OFFICE OF FINANCIAL AID WILL TAKE 3-5 BUSINESS DAYS**

Office of Financial Aid • 650 South Exeter Street • Baltimore MD 21202  
 800-WALDENU (800-925-3368)  
 Fax 410-843-6211