

Walden University
Student Information Release Authorization

Students: If you would like a third party to have access to your financial aid information, please complete all items below and return this authorization form to the Financial Aid Office.

Student Information							
Name (last, first, middle initial)		Social Security Number		Phone Number			
Street Address		City		State		Zip Code	
Third Party must give the student's date of birth when calling the Financial Aid Office					Date of Birth		
Third Party Information:							
Name or Agency				Street Address			
City		State		Zip Code		Phone Number	
Release Authorization							
<p>I hereby authorize the Financial Aid Office 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.</p>							
Student signature						Date	
Spouse signature (independent student only)						Date	
Parent signature (dependent student only)						Date	

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