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Financial Aid Office
University of California, Santa Cruz

2008-2009 Authorization to Release Information

W							

UCSC Student's ID Number — UCSC Student's Last Name — First Name

I ______________________________ do hereby authorize the individual named below to receive information about my financial aid including the status and contents of my application, documents submitted in support of my application and aid I have been offered. I understand that specific income/asset information used to determine my financial aid eligibility will not be given to my "non-parent of record."

Information may be released to:

Name ______________________________ Phone ______________________
PLEASE PRINT

Street Address ______________________ City ______________________

State ______________________ Zip ______________________

Relationship to Student ______________________

Authorized by:

Signature of Student ______________________ Date ______________

Student ID Number W _ _ _ _ _ _ _ Email ______________ Phone ______________

Permanent Address ______________________ City ______________________

State ______________________ Zip ______________________

Office Use Only:
Parent of Record ☐ Yes ☐ No

Staff initials__________

RETURN TO: UCSC Financial Aid Office, 205 Hahn Student Services Building, 1156 High Street, Santa Cruz, CA 95064
Phone: (831) 459-2963 **Web:** http://www2.ucsc.edu/fin-aid/ **For your protection and security, please do not email forms.**