

**University of Illinois Springfield – Office of Financial Assistance**

One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724  
www.uis.edu/financial-aid

**Authorization to Release Financial Aid Information Form**

In compliance with the Family Education Rights and Privacy Act of 1974 (FERPA), University of Illinois Springfield is prohibited from providing certain information from your Financial Aid to a third party.

This restriction applies, but is not limited to, your parents, your spouse or a sponsor. As a matter of policy, UIS reserves the right not to release certain aspects of student financial aid over the telephone or via electronic mail.

You may, at your discretion, grant UIS permission to release information about your Financial Aid to a third party by submitting a completed Authorization to Release Financial Aid Information Form. You must complete a form for whom you wish to grant access to information in your Financial Aid records. The specified information will be made available only if requested by the student or authorized third party.

INSTRUCTIONS AND INFORMATION: In order to facilitate the release of your Financial Aid records to listed third parties, please complete this form and submit it to the University of Illinois Springfield Financial Aid Office.

**Section A – Student Information (Please print clearly)**

Last Name	First Name	M.I.	Email	
Street Address		City	State	Zip Code

**Section B –Financial Aid information is being released to the designated individual(s) for informational purposes only**

Legal Full Name	Last 4 digits of SSN	Relationship
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**Section C – Student Signature**

I acknowledge that this release is valid until I have completed my current degree program at University of Illinois Springfield or until I have revoked this release in writing. By signing this release, I authorize University of Illinois Springfield officials in Financial Aid to release and discuss all financial information to the person(s) listed above. I understand that I can revoke this release at any time by notifying University of Illinois Springfield in writing at the location listed above.

Student Signature  
*must be physical signature*

Date

ENTER YOUR 9-DIGIT UIN

