



Yale University
School of Medicine
<http://info.med.yale.edu/education/finaid>

Yale University School of Medicine
 Financial Aid Office
 367 Cedar Street
 New Haven, CT 06510

Phone: (203)785-2645
 FAX: (203) 785-2924

REQUEST FOR THE RELEASE OF FINANCIAL AID INFORMATION FOR SCHOLARSHIPS AND/OR LOANS FOR SOURCES OUTSIDE THE YALE SCHOOL OF MEDICINE

We are required to obtain permission from the student when releasing information to outside scholarship or loan programs. This can be accomplished by having this form completed and left in the Financial Aid Office with information about the organization the student wishes to have the information. You must sign this form and return it to the Yale University School of Medicine Financial Aid Office before any information will be released.

YALE MEDICAL SCHOOL STUDENT: _____

SOCIAL SECURITY/BANNER ID: _____

SCHOOL AFFILIATION (Please Check One):
 MEDICINE: _____

PHYSICIAN ASSOCIATE PROGRAM: _____

I give my permission to the Financial Aid Office to release information to the institution/organization listed below:

ORGANIZATION: _____

ATTENTION: _____

ADDRESS _____

Please complete the following forms: (check all that apply):

FORM OF DISCLOSURE:
 Letter: _____
 Complete form: _____

Please let us know how you would like the information released:

FORM OF COMMUNICATION:
 Send the letter to the institution/organization: _____
 I will pick up the letter and send it to the lender: _____

Please let us know if you need anything else:

OTHER INSTRUCTIONS: _____

Signature _____ **Date** _____

Return this form to: Yale School of Medicine
 Student Financial Aid Office
 367 Cedar Street, Room 202
 New Haven, CT 06510