

Request for the Release of Financial Aid Information

STUDENT INFORMATION

Student's Name: \_\_\_\_\_  MD  PA

Yale ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Organization: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please mark below and complete the following forms that apply.

- Form of Communication
- Letter
- Complete Form

Please mark how you would like the information released.

- Send the letter to the Institution/Organization
- I will pick up the letter in person

Please let us know if you have additional instructions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In order for the Financial Aid Office to release any information to an outside scholarship or loan agency, we are required to obtain permission from the student authorizing our office to provide the information.*

Please complete/sign the form and return it to: FINANCIAL AID OFFICE  
376 CEDAR ST, ROOM 202  
NEW HAVEN CT 06510  
FAX: 203.436.9762 EMAIL: ysmfinaid@yale.edu

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

