Yale SCHOOL OF MEDICINE

Financial Aid Office

Request to Disclose Financial Aid Information (Buckley)

2024 – 2025

STUDENT INFORMATION

Student's Name: _____ ○ MD ○ PA

Yale ID Number: _____ Date of Birth: _____

Under the terms of the Family Educational Rights and Privacy Act of 1974 and its amendments, commonly known as the "Buckley Amendment", Yale University will need your permission in order to release information provided in your Financial Aid Application. This information would include financial information provided on the FAFSA form and/or the CSS Profile application.

Please have each person who provides information complete and sign this form. They would include the student, his or her spouse, mother, father, and if either parent is remarried, their current spouse(s).

If permission is not granted, we will not discuss that person's financial aid information with you or with anyone else.

You may use one form or copy this form for each individual who wishes to give permission.

I authorize Yale School of Medicine to provide information relating to my financial aid, or lack thereof, to my parent(s) or guardian(s)

○ Yes
○ No

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

I authorize Yale School of Medicine to provide information relating to my financial information, or lack thereof, to the Yale Medical School Student(s).

○ Yes
○ No

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Step Parent 1 Signature: _____ Date: _____

Step Parent 2 Signature: _____ Date: _____

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