



**RELEASE OF INFORMATION**

Financial Aid Office - St. Cloud State University  
720 Fourth Avenue S.  
St. Cloud, MN 56301-4498  
Phone: (320) 308-2047/Fax: (320) 308-5424  
financialaid@stcloudstate.edu

I authorize staff members of the Financial Aid Office at St. Cloud State University to release and discuss all information regarding my financial aid eligibility.

This release covers all information relating to financial application materials, award letters, and financial aid processing and disbursement for the purpose of answering questions and providing information to the following authorized individual(s). **NOTE:** Parent income and asset information will only be released to the parent listed on the Free Application for Federal Student Aid (FAFSA).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

This authorization is in effect for one year from the date of signature. To terminate or amend this authorization, I understand that I must notify the Financial Aid Office in writing.

I understand that I must complete a release of information each year if I wish to authorize the Financial Aid Office to discuss my financial information with a third party.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID or SSN

(9/2011; rev 3/2012)

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