



IUPUI OFFICE OF STUDENT FINANCIAL SERVICES

Student Release of Information

I, the undersigned, authorize the IUPUI Office of Student Financial Services to release information regarding my enrollment, academic performance, financial aid awards, scholarship, and bursar account to:

Name of Institution/Organization

Address

City, State, Zip

Email

Phone

Fax

This release will be valid for all academic periods in which I am enrolled at IUPUI. I understand that I can revoke this release at any time by notifying the IUPUI Office of Student Financial Services in writing at the location listed below.

This request is within compliance of FERPA. To learn more about FERPA and the release of information to third parties, please visit <http://registrar.iupui.edu/third-party/>.

Student Signature

Date

Student Name – Printed

University ID (ten digits)