

Financial Aid Wellness Center 130 Thackeray Hall 139 University Place Pittsburgh, PA 15260-6601 Phone: 412-624-7488 Fax: 412-624-1297 Email: finaid@pitt.edu

2021-2022

FINANCIAL AID RELEASE FORM

Student Name:	Student ID Number	Student ID Number:	
Authorization for the Release of Financial A	Aid Information		
By completing this form, you authorize the Final information regarding all aspects of your finance progress, to the individuals whom you list below protect your privacy.	cial aid, except for information pertain	ning to your academic	
This release will remain in effect until you r	evoke privileges in writing.		
I	, hereby authorize the University of financial aid to the person, agency, or p	_	
Student Signature		Date	
Name	Relationship	Date of Birth	

FORM ID: F22RIF REV:11.23.20