

## Authorization to Release Information to Outside Agencies

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

The University of Colorado Anschutz Medical Campus Financial Aid & Scholarships Office may provide information to outside agencies only with specific written authorization. Submit this authorization with the form you need completed. Completed information will be sent directly to the agency within 5 business days.

I hereby authorize the CU Denver | Anschutz Medical Campus Financial Aid & Scholarships Office to release financial aid information to:

Agency Name: \_\_\_\_\_

Agency Contact person: \_\_\_\_\_

Contact person's phone number: \_\_\_\_\_

**Please select the preferred method of delivery (check one):**

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

\_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Student pick-up \_\_\_\_\_

I understand the financial aid information will be released to the above referenced agency in the form of copies of written records. I understand I may revoke this consent upon providing written notice to CU Denver | Anschutz Medical Campus Financial Aid & Scholarships Office.

\_\_\_\_\_  
Student Signature (required)

\_\_\_\_\_  
Date

**Upload completed forms to [www.ucdenver.edu/fadocs](http://www.ucdenver.edu/fadocs)**

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