



# REED COLLEGE

FINANCIAL AID

## AUTHORIZATION TO RELEASE INFORMATION

2008-09 ACADEMIC YEAR

I authorize the Reed College financial aid office to release financial aid information to the following individuals or agencies:

\_\_\_\_\_  
Name (print) Relationship to student

\_\_\_\_\_  
Name (print) Relationship to student

\_\_\_\_\_  
Name (print) Relationship to student

By signing this Authorization to Release Information, I understand that the financial aid office will provide information to the individuals listed above, including information provided with my application for financial aid, the status of my application, and my eligibility for financial aid.

\_\_\_\_\_  
Student Name (print) Student ID

\_\_\_\_\_  
Student Signature

*The financial aid office will not release any financial aid information, or discuss a student's eligibility for financial aid with anyone other than the student (including parents and legal guardians), unless the student has completed an Authorization to Release Information.*

*The financial aid office will not release any parental financial information or documents, or discuss parental financial information with anyone other than the student or the custodial parent, without a signed release from the custodial parent.*