



FAX RELEASE FORM
2011-12 AWARD YEAR
Release of Information Form

To be completed by the student and FAXED to our offices at 260.665.4511

Student Name _____

ID Number _____

Home Mailing Address _____

City _____ State _____ ZIP _____

Telephone Number (_____) _____

E-mail address _____

I, _____, give consent to have financial aid information released via FAX to the following people or organizations:

Table with 2 columns: Name of Person or Organization, FAX Number. Includes five rows of blank lines for entries.

By signing this document, I give the Office of Financial Aid permission to release information to the above named parties (including myself) in the form of a fax. I understand that I can rescind any portion of this authorization via FAX at any time. I understand that this authorization form is valid for my entire career at Trine University.

Student Signature _____ Date _____