

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:

Name of Person or Organization	FAX Number
_____	(_____) _____
_____	(_____) _____
_____	(_____) _____
_____	(_____) _____
_____	(_____) _____

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 _____