



**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

**Student PID:** \_\_\_\_\_

If you require any of the following information please refer to the appropriate office or agency:

Information Needed	Appropriate Agency
Grants/scholarships <b>DISBURSED</b>	Student Fees, Sponsored Aid and Fellowships, 140 Administration Bldg., MSU
Perkins or Health Profession Loan <b>DISBURSED</b>	Loans Receivable 140 Administration Bldg., MSU
Federal Stafford Loan (Subsidized/Unsubsidized) Health Education Assistance Loan (HEAL) Parent Loan for Undergraduate Student (PLUS)	Lender (bank or credit union), or Guarantor (such as Great Lakes), or Direct Loan Servicer

**I authorize Michigan State University to release the following information to:**

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

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**For the purpose of:** \_\_\_\_\_

**Information to be released:**

\_\_\_\_\_ Student 1040 for calendar year: \_\_\_\_\_

\_\_\_\_\_ Parent 1040 for calendar year: \_\_\_\_\_ **\*\* (Requires parent signature)**

\_\_\_\_\_ Other information:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Parent signature required for copy of parent's 1040 or release of information based on parent's data.**

FOR OFFICE USE:

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_