

**INFORMATION RELEASE REQUEST
AUTHORIZATION FORM**

P: 212-998-0790
F: 212-995-4426
fin-aid@stern.nyu.edu

Student Name: _____
First _____ Last _____

University ID: N _____

THE STUDENT REQUESTS THE FOLLOWING: (check one)

- Complete the attached form.
- Statement itemizing the student's financial aid and cost of attendance. (**Students may print current aid year award letters (on NYU letterhead), which include the cost of attendance, directly from their Albert Student Center by navigating to the award page.**)

For academic year: _____ Fall/Spring Fall only Spring only Summer only

PROCESSING: (processing time is within 7-10 business days)

- Mail to the student at permanent address on file. Please be sure that the permanent address is correct on your Albert Student Center and make any corrections necessary.
- Email to the student at their Stern email address.
- Mail to the following agency: _____

- Fax to the following agency: _____
- Email to the following agency: _____
- Complete online form from the following agency: _____
- Hold for pick-up at the **Stern Graduate Financial Aid Office** (KMC 6-140). If item is not retrieved within 30 days, it will be mailed to your permanent address.

AUTHORIZATION:

I authorize New York University to release information about my financial aid record and student status to the above offices, institutions, agencies, or programs. I understand that in most cases, electronic reproductions will be provided unless otherwise indicated.

Student signature: _____ Date: _____

NOTE: Electronic signatures are not accepted. Signature should match the signature on your legal form of ID (driver's license, passport, etc).