INFORMATION RELEASE REQUEST
AUTHORIZATION FORM

Student Name: ________________________________ University ID: N____________________

First       Last

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).