

Authorization to Release Information Form

First Name **Last Name** **Student ID#** **20-20-
Academic Year**

I hereby authorize the office of Student Financial Services to release the following information:

- Record/Information to be released: _____
- Purpose/Reason information is being released: _____
- Agency/Organization information is being released to: _____
Address of Organization: _____
- ☐ Picked up by the student _____
- ☐ Mailed to Organization listed above _____

Student Signature : _____ Date: _____

TO BE COMPLETED BY STUDENT FINANCIAL SERVICES

Application Status:

- ☐ No application on file
- ☐ Incomplete, unable to provide information
- ☐ Complete; no financial aid offered

Enrollment Status: ☐ Full-Time ☐ Half-Time
☐ $\frac{3}{4}$ Time ☐ Less than $\frac{1}{2}$

Classification: _____ **SAI** _____
☐ Dependent ☐ Independent

Estimated Cost of Attendance

Expenses	Fall	Spring	Summer
Tuition			
Fees			
Books			
Housing			
Food			
Transportation			
Personal			
Loan Fee			
Total:			

Financial aid Offered

Aid Offered	Fall	Spring	Summer
Pell Grant			
OTAG			
SEOG			
Oklahoma's Promise			
Work Study			
Scholarship(s)			
Subsidized Loan			
Unsubsidized Loan			
Parent PLUS Loan			
Other:			
Total:			

Staff Signature and Title: _____ Date: _____