

Financial Aid and Scholarships  
University of California, Davis  
One Shields Avenue  
Davis, CA 95616-8596

FAX: (530) 752-1587  
financialaid.ucdavis.edu  
[my.ucdavis.edu/ask.us](http://my.ucdavis.edu/ask.us)

## Release of Financial Aid Documents to an Institution

Student's Name

Student ID

UC Davis Email Address

Phone Number (including area code)

### INSTRUCTIONS

1. Complete and sign the Student's Third-Party Release section of this form and list the documents you require.
2. Your parent(s) ~~for whom~~ must sign below if the documents you are requesting contain any of their information.
3. Submit this request to the Financial Aid and Scholarships office.

### STUDENT'S THIRD-PARTY RELEASE:

I give permission for my financial aid documents to be released to:

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

Name of Institution: \_\_\_\_\_

Address (City, State, ZIP): \_\_\_\_\_

Reason(s) for Release: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TELL US WHAT DOCUMENTS YOU REQUIRE

Year(s)

Number of Copies

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Financial Aid Notice (MyAwards) | _____ | _____ |
| <input type="checkbox"/> Other: _____                    | _____ | _____ |
| <input type="checkbox"/> Other: _____                    | _____ | _____ |
| <input type="checkbox"/> Other: _____                    | _____ | _____ |

### What would you like us to do with the copies?

- ☐ I will pick up the information at the Financial Aid and Scholarships office, 1100 Dutton Hall
- ☐ Mail to name and address noted above
- ☐ Fax to (Name and Fax #): \_\_\_\_\_

### PARENT(S)/SPOUSE AUTHORIZATION TO RELEASE INFORMATION (If applicable):

I/We give permission for our son/daughter to receive copies of any documents in his/her file containing my/our information.

Father's Signature ~~for whom~~

Date

Mother's Signature

Date