

Financial Aid Office
 One Shields Avenue
 (530) 752-2390

University of California
 Davis, CA 95616-8596
financialaid.ucdavis.edu

THIRD PARTY RELEASE AND REQUEST FOR COPIES OF FINANCIAL AID MATERIALS FORM

Student's Name (Please Print) _____ Student I.D. # _____

Student's Address(street, city, state, and zip) _____ E-mail Address _____ Telephone Number _____

INSTRUCTIONS

1. Submit this request to the Financial Aid Office in person or by mail. Copies will be available in two weeks.
2. If this information is to be released to a third party, complete the Third Party Release section of this form.
3. Your parent(s) must sign below if the documents you are requesting contain any of their information.

TELL US WHAT DOCUMENTS YOU REQUIRE

	YEAR(S)	NO. OF COPIES
<input type="checkbox"/> Student's Income Tax Return (1040)	_____	_____
<input type="checkbox"/> Parent/s' Income Tax Return (1040)	_____	_____
<input type="checkbox"/> Financial Aid Notice (FAN)	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

What would you like us to do with the copies?

- I will pick up the information at the Financial Aid Office, 1100 Dutton Hall.
 Mail the information to: _____
 (Name, Address, City, State, ZIP)

THIRD-PARTY RELEASE

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

Name: _____

Address: _____

Reason(s) for release: _____

Student's Signature: _____ Date: _____

PARENT(S) AUTHORIZATION TO RELEASE INFORMATION

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 _____ Date _____ Mother's Signature _____ Date _____