

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)/spouse 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.

#### TELL US WHAT DOCUMENTS YOU REQUIRE

Year(s)

Number of Copies

Financial Aid Notice (MyAwards) \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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 #): \_\_\_\_\_

#### 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:

#### 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/Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date