



Financial Aid Office

Authorization to Release Financial Aid Information

Financial Aid Office
1100 E. 14th Street
PMB A-8
Ada, Oklahoma 74820
Phone: 580.559.5243
Fax: 580-559-5638

Student's Name: _____ Student ID Number: _____

Instructions: Please list all persons, and their relationship to you, that you wish to have access to your financial aid information. Otherwise, this information will not be released to anyone, either by phone or in person.

I, _____, Social Security Number _____, do hereby authorize ECU Financial Aid Office to release information about my financial aid to the following persons:

_____ Name	_____ Relationship
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_____ Name	_____ Relationship
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_____ Student Signature	_____ Date
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_____ I **DO NOT** authorize ECU Financial Aid Office to release information about my financial aid status.

_____ Student Signature	_____ Date
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