



# 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 |
| _____ | _____        |
| Name  | Relationship |

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date



\_\_\_\_\_ I **DO NOT** authorize ECU Financial Aid Office to release information about my financial aid status.

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date