



**Financial Aid Department**  
 Phone: 360.650.3470  
 Email: financialaid@wwu.edu  
 Website: financialaid.wwu.edu  
 Address: 516 High Street, Old Main 265, Bellingham, WA 98225

\_\_\_\_\_  
 Student Name W  
\_\_\_\_\_  
Student I.D. Number

This authorization allows the Financial Aid Department to release most types of information from the student’s financial aid record to the representatives listed. Information released can include whether Satisfactory Academic Progress (SAP) requirements are affecting the financial aid status, but not credit completion, grades, or GPA. We will not release FAFSA parent-of-record information to any third party. This form is for financial aid purposes only and does not include billing and payment access. A separate release form must be completed to discuss billing and account related charges with the [Student Business Office](#).

**Submit this form in one of the following ways:**

1. In person at the WWU Financial Aid Services Center
2. Electronically from your WWU e-mail account
3. By mail **only** if the form contains your (the student’s) **notarized signature**

**Important! Provide an easy-to-remember password to your representative. Information will only be released in person or over the phone when the representative provides their verbal password.**

This authorization remains in effect until the student revokes it by submitting a signed statement.

<b>Representative #1 Name:</b>	_____
<b>Relationship to Student:</b>	_____
<b>Verbal Password:</b>	_____
<b>Representative #2 Name:</b>	_____
<b>Relationship to Student:</b>	_____
<b>Verbal Password:</b>	_____

**Certification**

I authorize the Financial Aid Department at Western Washington University to discuss my financial aid application status, and eligibility with the individual(s) listed. I understand that this authorization will remain in effect from the date the Financial Aid Department processes this form until I cancel this authorization by submitting a written statement requesting cancellation.

I understand that submitting this form electronically as an email attachment **using my WWU email account** constitutes my signature and my certification that the information provided herein is complete and correct.

\_\_\_\_\_  
 Student Signature (Not required if submitted from your **WWU email**) \_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	ID check (initials): _____	Operations: _____	[RELEAS _____]
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