

UNK FINANCIAL AID

Authorization to Release Financial Aid Information (Dependent Student)

Student Name: _____ NU ID: _____

I authorize the Office of Financial Aid at the University of Nebraska at Kearney to disclose the information listed below to the following department:

Department Name: _____

Type Of Information To Be Released:

This authorization allows the UNK Office of Financial aid to release any personal, financial, or financial aid information of the student, parent(s), or guardian(s) that is listed in the box above. This consent is valid for the 2024-2025 academic year (Fall 2024/Spring 2025/Summer 2025). If you want to revoke this authorization, a signed statement must be provided to the Office of Financial Aid.

Student Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____