

## 2015-2016 Authorization to Release Financial Aid Information

SECTION A: STUDENT INFORMATION		
Student Name	UNT Dallas College of Law Student ID#	SSN (last 4 digits only):

SECTION B: AUTHORIZED CONTACT	
I authorize Student Financial Aid and Scholarships to release information about my financial aid to the following individual(s):	
Full Name	Full Name
Relationship to Student	Relationship to Student
Contact Information	Contact Information
Required Data to Confirm Identity (date of birth or driver's license)	Required Data to Confirm Identity (date of birth or driver's license)

SECTION C: COMMENTS
Please provide any additional information needed for this request:

SECTION D: CERTIFICATION	
I certify that all information contained on this form is true and accurate. I understand that this form is for the 2015-2016 academic year only. I must complete a new authorization for any future years. I understand that I may be contacted if further information is needed.	
Student Signature	Date / /

Return this completed form with any required documentation to the UNT Dallas College of Law, Student Financial Aid and Scholarships, 1901 Main Street, Dallas, Texas 75201, or fax to (214) 752-5701, or save and attach as PDF and email to [lawfinancialaid@untsystem.edu](mailto:lawfinancialaid@untsystem.edu).