



**The University of Michigan-Dearborn**

Office of Financial Aid  
Dearborn, Michigan 48128-1491  
(313)593-5300 • FAX (313)593-5313

**AUTHORIZATION TO RELEASE INFORMATION**  
*Individual Release*

I, \_\_\_\_\_, authorize the staff of the  
(Printed Name of Student)

**Office of Financial Aid at the University of Michigan-Dearborn to release my financial aid information to the individual listed below:**

\_\_\_\_\_  
(Printed Name of Authorized Individual)

\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
(Authorized Individual's Social Security Number)

**The authorized individual's social security number will be verified at each inquiry made.**

**The authorization of this release of financial aid information will continue until I revoke this authorization in writing.**

\_\_\_\_\_  
**Printed Name of Student**

\_\_\_\_\_  
**UMID #**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**