

CityUniversity of Seattle
Financial Aid Office
11900 NE 1st Street, Bellevue, WA 98005
Phone: (425) 709-5254; (800) 426-5596
Fax: (425) 709-5263
Email: finaids@cityu.edu

**RELEASE OF INFORMATION
2010-2011**

DATE: _____

STUDENT NAME: _____ **ID#** _____
PHONE: () _____ **EMAIL:** _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby give permission to the Financial Aid Office at City University of Seattle to discuss information on my financial aid application and all accompanying documents with the following person (s):

Please Print:

Spouse _____
 Parent _____
 Other _____
_____ (relationship)

I understand that I can withdraw this permission at any time by submitting a written request to the Financial Aid Office at:

City University of Seattle
Attn: Financial Aid Office
11900 NE First St
Bellevue, WA 98005

Signature of student granting permission: _____

Student's Social Security Number: XXX-XX-_____
(Last four digits)