



Authorization to Release Information to Outside Agencies

Student Name: _____

Student ID: _____

The CU Denver | Anschutz Medical Campus Financial Aid & Scholarships Office may provide information to outside agencies only with specific written authorization. Submit this authorization with the form you need completed. Completed information will be sent directly to the agency within 5 business days.

I hereby authorize the CU Denver | Anschutz Medical Campus Financial Aid & Scholarships Office to release financial aid information to:

Agency Name: _____

Agency Contact person: _____

Contact person's phone number: _____

Please select the preferred method of delivery (check one):

Mailing Address: _____

Fax number: _____

Email: _____

Student pick-up

I understand the financial aid information will be released to the above referenced agency in the form of copies of written records. I understand I may revoke this consent upon providing written notice to CU Denver | Anschutz Medical Campus Financial Aid & Scholarships Office.

Student Signature (required)

Date

Upload completed forms to www.ucdenver.edu/fadocs

Denver: Student Commons Building 5105 | PO Box 73364 | Campus Box 125 | Denver, CO 80217 | 303.315.5969 | Financialaid@ucdenver.edu
Anschutz Medical Campus: Education 2 North | 13120 E. 19th Ave | Box A088 | Aurora, CO 80045 | 303.724.8039 | FinAid@cuanschutz.edu