



BOWLING GREEN STATE UNIVERSITY

Student Financial Aid

Release of Information 2009-2010

A. Student Information

_____	_____	_____	_____
Last name	First name	M.I.	BGSU ID number
_____			_____
Address (include apt. no.)			Phone number (include area code)
_____	_____	_____	_____
City	State	Zip Code	BGSU e-mail address

B. Student Permission to Release Information

Release of Financial Aid Information

I, _____
(Please print)

give permission to the Bowling Green State University Student Financial Aid (SFA) office to disclose information concerning my financial aid eligibility to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand this permission is in effect for the 2009-2010 enrollment period and that I must file a new **Release of Information** form each year. I may revoke this permission by submitting a written request to SFA, 231 Administration Building, Bowling Green State University, Bowling Green, OH 43403. I also understand the above individual(s) will not have the power to act on my behalf in the completion of business transactions related to my financial aid eligibility.

Student Signature

Date