Financial Aid and Scholarships University of California, Davis One Shields Avenue Davis, CA 95616-8596

Release of Financial Aid Documents to an Institution

Student's Name	Student ID	
UC Davis Email Address Phone Number (including area code)		(including area code)
INSTRUCTIONS		
1. Complete and sign the Student's Third-Party Release	e section of this form and list the docum	ents vou require.
 Your parent(s)/spouse must sign below if the docume 		• •
3. Submit this request to Financial Aid and Scholarships	s.	
TELL US WHAT DOCUMENTS YOU REQUIRE	Year(s)	Number of Copies
Financial Aid Notice (MyAwards)		
Other:		
Other:		
Other:		
What would you like us to do with the copies?		
I will pick up the information at Financial Aid ar	nd Scholarships, 1100 Dutton Hall	
Mail to name and address noted above		
Fax to (Name and Fax #):		
STUDENT'S THIRD-PARTY RELEASE: I give permission for my financial aid documents to be rel	leased to:	
Name:	Phone:	
Name of Institution:		<u>.</u>
Address (City, State, ZIP):		
Reason(s) for Release:		
Student's Signature Date:		
Student's Signature Date: PARENT(S)/SPOUSE AUTHORIZATION TO RELE	EASE INFORMATION (If annlicable).