



Permission to Release Financial Aid Information
(Complete all information applicable to your situation)

I, _____ give the Financial Aid Office at Whitworth University permission to discuss my student financial aid file, student account record, and circumstances with:

_____. This person is my _____.
(relationship to student)

*Permission may be revoked with written statement at any time.

Signed: _____ Date: _____

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For parent who completed the FAFSA to complete and sign:

I, _____ give the Financial Aid Office at Whitworth University permission to discuss my financial aid file, student account record, and circumstances with:

_____. This person is my _____.
(relationship to parent who completed the FAFSA)

*Permission may be revoked with written statement at any time.

Signed: _____ Date: _____

Return this form to:

FINANCIAL AID OFFICE
300 WEST HAWTHORNE ROAD, SPOKANE, WA 99251
509.777.3215 509.777.4601 (FAX) fnaid@whitworth.edu