

FINANCIAL AID CONSENT FORM

Student Name: _____ Student ID: _____

Academic Period of Enrollment

Fall 2023, Spring 2024, Summer 2024 Other _____

The Student Financial Aid Office is able to release information associated with a student's Free Application for Federal Student Aid (FAFSA), including, but not limited to, expected family contribution (EFC) and awards (federal, state and institutional) to organizations with explicit consent from the student. **To provide your explicit consent, please complete this form and return it to the University of Louisville Student Financial Aid Office through fax, mail, document upload in Ulink, or in person.** Attach other documents from the organization(s), if applicable.

I give permission to the University of Louisville to release the following information (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Expected Family Contribution (EFC) | <input type="checkbox"/> Enrollment and GPA |
| <input type="checkbox"/> Financial Needs Analysis | <input type="checkbox"/> Cost of Attendance (COA) |
| <input type="checkbox"/> Specific Awards/Financial Aid Package | <input type="checkbox"/> Billing Information/Tuition and Fees |
| <input type="checkbox"/> Other: _____ | |

To the following organization(s) for the purpose of receiving outside financial support:

(Name of Organization)

(Name of Organization)

(Name of Organization)

(Name of Organization)

(Name of Organization)

(Name of Organization)

By presenting a signed and dated copy of this Consent Form to the University of Louisville, the Student consents to the release of information identified above by University of Louisville, to the authorized organization(s) identified above. The Student further agrees that University of Louisville, may discuss the information with the authorized organization(s). This Consent applies to educational records that may otherwise be protected under the Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g. **Please note that to prevent identity theft, our office cannot complete or forward forms that include your Social Security Number. Please make sure any form you or an organization submits to our office ONLY include your University of Louisville Student ID.**

Student Signature: _____ Date: _____ Phone number: _____