



**Office of Financial Aid**  
130 Student Union  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001  
Phone: (937) 775-4000  
E-mail: raiderconnect@wright.edu  
FAX: (937) 775-4410

## RELEASE OF INFORMATION REQUEST FORM

(Letters can be picked up 3 business days after completing request)

### Section 1: Student Information

_____	_____	<table border="1"><tr><td>U</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	U							
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Last Name	First Name	University ID Number (UID)								
( )		@wright.edu								
Phone Number		WSU e-mail address								

### Section 2: Reason for Request

Information to be released (check all that apply)	Specific Year or Term
<input type="checkbox"/> Copy of Tax documents	_____
<input type="checkbox"/> Copy of SAP Appeal documents	_____
<input type="checkbox"/> Financial Aid award	_____
<input type="checkbox"/> Financial Aid disbursement dates	_____
<input type="checkbox"/> Financial Aid award for Study Abroad Visa	_____
<input type="checkbox"/> Other:	_____
_____	_____

### Section 3: Contact Information to which information should be sent to

- ☐ I will pick up the information at Raider Connect, 108 Student Union (**picture ID required**)
- ☐ Mail the information to:

_____	_____	_____
Name / Business Name	Address	City, State, Zip Code

- ☐ Fax information to:

_____	( )
Name / Business Name	Fax Number

### Section 4: Permission to Release Information

I hereby give my permission to Wright State University Office of Financial Aid to release any information concerning my financial aid to the institution indicated above. Furthermore, I release the Office of Financial Aid from any liability which might result from the requested information being released.

Signature \_\_\_\_\_ Date \_\_\_\_\_