



**WRIGHT STATE  
UNIVERSITY**

**Office of Financial Aid**  
108 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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;">U</td> <td style="width: 10%;"></td> </tr> </table>	U									
U												
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 \_\_\_\_\_