



Financial Aid Release of Information Request

Office of Financial Aid
 130 Student Union
 3640 Colonel Glenn Hwy.
 Dayton, OH 45435-000
 Phone: (937) 775-4000
 E-mail:
RaiderConnect@wright.edu
 FAX: (937) 775-4410

Section 1: Student Information

 Last Name

 First Name

 Phone Number

 University ID Number (UID)

Section 2: Release of Information

If you are requesting enrollment verification or grades, please refer to the [Enrollment and Degree Verification](#) and [Grades Transcript](#) sections of the **RaiderConnect webpage**. Complete this section based on the party in which the information should be released (i.e. student, parent, or third party). If the request can not be granted, an e-mail will be sent to your Wright State University e-mail address.

Information to be released to the student (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Copy of student tax documents. | <input type="checkbox"/> Copy of Appeal Documents. |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Complete Attached Form |

Information to be released to the parent

- Copy of parent tax documents (Please note: a signature of the parent whose tax documents are being released must be supplied.)

 Parent Name (Print)

 Parent Signature

 Date

Information to be released directly to a third party (check all that apply)

Federal regulations prohibit Wright State University to release information to third parties, even with a student's express written consent, unless the third party is an organization that will assist you, the student, in applying for and receiving financial assistance for your education at Wright State University (ex. external scholarship donors, HUD, Section 8 housing). By completing the information and signing below, you are acknowledging that the third party specified is an organization that will assist you, the student, in applying for and receiving financial assistance for your education at Wright State University and the specified third party shall not sell or share the information provided. **If the third party requesting information is not associated with determining eligibility for financial assistance for your education, you the student must provide the information directly to the third party.**

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Complete Attached Form | <input type="checkbox"/> Copy of Award Notice | <input type="checkbox"/> Other _____ |
|---|---|--------------------------------------|

 Third Party Name (Print)

 Reason for Release

 Third Party Address to Mail Documentation Requested

 City, State, Zip Code

Section 3: Academic Year

Please specify the academic timeframe for which you are requesting information.

2021-2022

2020-2021

2019-2020

2018-2019

Section 4: Delivery (for student and/or parent release only)

- | | |
|--|--|
| <input type="checkbox"/> Pick up the information at RaiderConnect/Enrollment Services (pick up will be available 3 business days after completing this request). | <input type="checkbox"/> Mail the information to the home/primary address on file. |
|--|--|

Section 5: Student Certification

I hereby give my permission to Wright State University's Office of Financial Aid to release the information specified above. I release Wright State University from any liability which might result from the requested information being released.

 Student Name (Print)

 Student Signature

 Date