



Section A: Student Information

Last Name: _____ First Name: _____
Phone Number: _____ University ID (UID): _____

Section B: Release of Information

If you are requesting enrollment verification or grades, please refer to the Enrollment and Degree Verification and Grades and Transcripts sections of the Enrollment Services webpage.

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

- Copy of student tax documents (does not include federal tax information (FTI) transferred from the FAFSA).
Copy of appeal documents
Complete the attached form
FAFSA Information (not including federal tax information)
Other: _____

Information to be released to the parent

- Copy of parent tax documents (does not include federal tax information (FTI) transferred from the FAFSA).
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 from releasing 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.

- Complete the attached form
Copy of Financial Aid Offer
Other: _____

Third Party Name (Print): _____ Reason for Release: _____

Third Party Address to Mail Documentation Requested: _____

City: _____ State: _____ Zip: _____

Section C: Academic Year

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

- 2024-2025
2023-2024
2022-2023
2021-2022

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

- Pick up the information at Enrollment Services (pick up will be available 3 business days after completing this request).
Mail the information to the home/primary address on file.

Section E: 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 that might result from the requested information being released.

Student Name (Print): _____

Student Signature: _____ Date: _____