

Loma Linda University

Financial Aid

AUTHORIZATION TO RELEASE INFORMATION

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LLU ID# or Social Security N	Number:	
	First	Middle
Please check the school you w	vill attend:	
□ Allied Health □ Dent	al Hygiene 🗆 Dentistry 🗀 Medicine 🗀 Nursing 🗆	□ Pharmacy □ Public Health
☐ Interdisciplinary Studies	s 🗆 Religion 🗆 Behavioral Health 🗖 IDP	
Authorization to 1	Release Information	
consent before disclosing confid	dential information to an unauthorized third party. Recor by not be disclosed without the student's consent. By sign	the privacy of a student's record by requiring prior written rds maintained by the Office of Financial Aid are considered ing this form, the student authorizes university personnel to
I authorize Loma Linda Univindividuals:	versity, Office of Financial Aid, to release informatio	n regarding my financial aid to the following
Name:	Name:	
Relationship:	Relationship:	
Initial each line:		
I understand that the	his authorization will become effective on the date signed	
I understand that this authorization will remain in effect until I request in writing to have the authorization withdrawn.		
I understand that this authorization is for the <i>Office of Financial Aid only</i> .		
A separate authorization is needed to release any other University held information (i.e. Office of Student Finance/Cashier, Office of University Records, etc).		
Required Signatur	E	
I affirm that all information s	supplied is factual and correct.	
Student's Signature:		//
	RETURN FORM TO: LLU Office of Financial Aid 11139 Anderson St. Loma Linda, CA 92350 Fax # (909) 558-4283	