PERMISSION TO RELEASE FINANCIAL AID INFORMATION

Date: _____-_____-_____

Student Name: _____

EMPL ID#: _____

I am submitting the attached Scholarship Application for _____ for the

(Name of Program/Scholarship Provider)

_____ Academic year.

Please check <u>one</u> below:

☐   I am requesting a "Proof of Aid" Letter for _____

(Name of Program/Scholarship Provider)

☐ Other: _____

I give CUNY School of Medicine's Financial Aid Office permission to release my financial aid information to the Program/Scholarship Provider listed above for the purpose of a potential scholarship/grant opportunity. This information includes (but is not limited to): FAFSA data, Expected Family Contribution (EFC), Need-based aid amounts, Scholarship amounts, Loan amounts, etc. CUNY School of Medicine's Financial Aid Office cannot release "estimated or predicted" aid eligibility for subsequent terms. Verification, C-Flags, and other financial aid requirements that impact aid eligibility must be completely satisfied before completing any applications/requests of this nature.

_____   _____

(Student's Printed Full Name)   *(Date)*

_____

(Student's Signature)