PERMISSION TO RELEASE FINANCIAL AID INFORMATION

Date: _______ - _______ - _______

Student Name: _______________________________________

EMPL ID#: __________________________________________

I am submitting the attached Scholarship Application for ___________________________________________ for the ____________________ Academic year.

(Name of Program/Scholarship Provider)

Please check one 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)