

Financial Aid Information Release Form

Student Name	LMU ID

This form is <u>OPTIONAL</u>. Only complete and return this form if you would like to authorize our office to release your financial aid information to individuals of your choice, including your parents.

The Family Education Rights and Privacy Act (FERPA) limits the release of information about your records without your explicit consent.

Student Release of Information					
I understand that any and all personally ide protected under FERPA. I further understan of my choice. This release pertains to my fi	nd that I may waive that pr	e ,			
I give the Financial Aid Office permission to listed below:	o release my financial reco	rds and any related inforn	nation to the person(s)		
Full Name (First, MI, Last)	Last 4 digits of SS	# Relationsh	ip to Student		
I do not authorize release of my financia	aid information.				
I acknowledge that this is valid until I have con release, I authorize LMU's Financial Aid Office t	o release any financial record				
revoke this release at any time by submitting a	new form.				
Student Signature	Student Name	Date			

Contact the Financial Aid Office:

Monday to Friday, 8:00 am - 5:00 pm, Pacific Time.

The Financial Aid Office is located in Charles Von der Ahe building, Suite 270 on the 2nd floor. Financial Aid Counselors are available to meet in person on a walk-in basis.

Mail: LMU Financial Aid Office 1 LMU Drive, Suite 270 Los Angeles, CA 90045

Phone:310.338.2753Fax:310.338.2793

Click the 'Submit by Email' button if you have an email client configured (eg: Outlook, Outlook Express,Entourage etc.) -OR- save the file to your computer and attach the file using your webbased email (AOL, Yahoo, Gmail, etc.) and send it to finaid@Imu.edu. Documents must be signed before they can be accepted.

*This release is not transferable to any other LMU office or department.