

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

**FINANCIAL AID ADDENDUM TO
AUTHORIZATION TO RELEASE INFORMATION**

1. **Student name:** _____ **Student ID:** _____
(Please print legibly)

2. Read and sign below **to authorize release of financial aid records**. (Note that witness must be SIUE Service Center, Financial Aid, or Bursar's Office staff, and student must show valid picture ID. Otherwise signature must be notarized and original authorization mailed to SIUE Bursar's Office, Campus Box 1042, Edwardsville IL 62026.)

I grant permission for SIUE to release financial aid information to the individuals named on my previously submitted authorization to release information form. I understand this access will remain in effect until I submit a written request to the SIUE Service Center, Financial Aid, or Bursar's Office to cancel this authorization. **I further understand that while this form identifies third parties who have my permission to access information, release of information to these individuals will remain at the discretion of University officials.**

Student Signature	Date	Phone Number
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SIUE Staff or Notary Signature	Date
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