

**BERKLEE COLLEGE OF MUSIC**  
**2009-2010 INFORMATION RELEASE**

office of financial aid 1140 boylston st boston, MA 02115

● phone 617-747-2274/800-538-3844 ● fax 617-747-2073 ● e-mail financialaid@berklee.edu

**INSTRUCTIONS** Please fill out this form completely; it cannot be processed unless *all* required signatures are present. **Use ink.** Make a copy for your records and return the original to the Office of Financial Aid at the above address.

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**STUDENT INFORMATION**

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Name

LAST

FIRST

MIDDLE

Berklee Student ID#

Social Security Number

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**INFORMATION RELEASE STATEMENT**

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The Office of Financial Aid may exchange information regarding financial aid eligibility/award with other pertinent college offices/departments, as necessary. In addition, we will share the information with the student applicant and/or other individual(s) who provided application information or written endorsement of these materials. **NO OTHER INDIVIDUAL/AGENCY WILL RECEIVE ACCESS OR OTHER INFORMATION ABOUT YOUR APPLICATION AND/OR AWARD UNLESS YOU (the student applicant) AUTHORIZE SO IN WRITING.** Note that only custodial parent(s) of dependent students who provide information on the financial aid application (FAFSA) are granted access to the student's financial aid data without further authorization.

In addition to those who have provided 2009-2010 application information, I authorize the release of my financial aid application/award information to the person(s)/agency listed below. **NOTE:** This form is only good for the current Academic year of 2009-2010. A new form needs to be filled out each year in order to authorize the release of your financial aid application/award information to any person(s)/agency.

Full Name

Social Security Number

Relationship to Student

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Outside Agency Name

Agency Address

Agency Telephone

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I certify that the above information is true and correct to the best of my knowledge and will provide documentation if requested.

\_\_\_\_\_  
**Student signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CUSTODIAL Parent Signature** *(if student is dependent)*

\_\_\_\_\_  
**Date**

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