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Office of Financial Aid

2011-2012 Information Release

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 Berklee College of Music.

Please note: this form is only valid for the summer 2011, fall 2011, and spring 2012 semesters. You must fill out a new form each academic year if you wish to release your information to outside parties.

Student Information

Name _____

Berklee ID _____ Social Security Number _____

Information Release Statement

By signing this form, I authorize the Office of Financial Aid to exchange information regarding financial aid eligibility and awards with the listed individuals, agencies, or departments. In addition, the Office of Financial Aid is authorized to share any information with me and/or other individual(s) listed on the my application for financial aid. **NO OTHER INDIVIDUAL/AGENCY WILL RECEIVE ACCESS OR OTHER INFORMATION ABOUT MY APPLICATION OR AWARDS UNLESS I AUTHORIZE THIS IN WRITING.** If I am a dependent student, I understand that only my custodial parent(s) who provide information on the Free Application for Federal Student Aid (FAFSA) are granted access to my financial data without further authorization.

I authorize the release of my financial aid application/award information to the person(s) and/or agency(ies) listed below:

Full Name	Social Security Number	Relationship to Student
_____	_____	_____
_____	_____	_____

Outside Agency Name	Agency Address	Agency Telephone Number
_____	_____	_____
_____	_____	_____

I certify that the above information is true and correct to the best of my knowledge and will provide additional documentation to the Office of Financial Aid if requested to do so.

Student Signature _____ Date _____

Custodial Parent Signature *(if student is dependent)* _____ Date _____