



THE SOLUTION CENTER
Financial Aid | Registrar | Student Financial Services

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Authorization for Release of Information

Please Print Clearly and do not leave any items blank:

Name: _____ UMS ID: _____

Address: _____ Phone: _____

I hereby authorize the Financial Aid Office at University of Massachusetts Lowell to release the information listed below from my financial aid file, to the agency or person(s) I have indicated below:

Type of Information:

To be sent to:

Student Signature

Date _____

Parent Signature

Date _____

Spouse Signature

Date _____