



University of Massachusetts Lowell
 883 Broadway Street Room 102
 Lowell, Massachusetts 01854-5131
 Tel. 978.934.4220 Fax. 978.934.3009
 Web: www.uml.edu/financialaid

Authorization for Release of Information

Student Name _____ **Student ID** _____

Address _____

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.

Type of Information:

To be sent to:

 Student Signature Date

 Parent Signature Date

 Spouse Signature Date