



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 \_\_\_\_\_