Student Name: _______________________   I-Number: ________________________________

This form is intended to grant access to a student’s spouse or to a parent that is not listed on the FAFSA. If a parent is listed on your FAFSA, you must grant authorization online through your student financial aid portal.

As a student of BYU-Idaho, I authorize the University to release information relating to my financial aid to the following person(s):

Name: ____________________________    Relationship: _______________________________
Name: ____________________________    Relationship: _______________________________

Authorization Statement

I hereby authorize BYU-Idaho to release my financial aid information to the designated person(s) listed on this release. All non-directory information not relating to financial aid is not authorized for release. If at some point I wish to change who is authorized to access my information, I recognize it is my responsibility to complete an additional release form which will nullify all forms previously kept on file.

___________________________________________       __________________________
Signature of Student*                                                                        Date Signed

*Student must present a picture ID and sign this form in the presence of a BYU-Idaho Financial Aid employee.

____________________________________________      __________________________
Signature of BYU-Idaho Financial Aid Employee                Date Signed
This form can also be signed in the presence of a notary in the event that the student cannot sign in the Financial Aid Office.

Student Name: _______________________________   I-Number: _______________________

As a student of BYU-Idaho, I authorize the University to release information relating to my financial aid to the following person(s):

Name: ____________________________     Relationship: ______________________________
Name: _____________________________   Relationship: ______________________________

State of ____________________________________________  SS.
County of   ____________________________________________

On this ______________ day of ______________, 20___, before me, a Notary Public in and for said State, personally appeared ____________________________________________, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.

____________________________________________
Notary Public of the State of _____________________
Residing at:
Commission Expires: